

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

September 17, 2015

The Michigan Health Information Technology Commission is an advisory Commission to the Michigan Department of Health and Human Services and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275

Welcome & Introductions

- Appointments
 - **Michael Chrissos** will represent doctors of medicine and will replace Dr. Gregory Forzley.
 - **Randall Ritter** will represent the general public and will replace Dr. Michael Chrissos.
- Reappointments
 - **Orest Sowirka** will continue to represent doctors of osteopathic medicine.
- Commissioner Updates

2015 Goals – September HIT Commission Update

Governance Development and Execution of Relevant Agreements

- Newest Trusted Data Sharing Organizations :
 - **Spectrum Health (sponsored by Priority Health)**
 - **Beaumont Health**
- 49 Total “Trusted Data Sharing Organizations” with MiHIN
 - **Qualified Organizations: 30**
 - **Sponsored & Other Sharing Organizations: 19**
- New MOAC Identity Management Working Group being formed
 - For participants in Single Sign-On and other identity-related Use Cases
- MOAC Use Case Working Group approved 9 Use Case documents
 - Exchange Medication Reconciliation, Single Sign On, Receive Immunization History/Forecast, Exchange Advance Directives, Exchange Death Notifications, Share With Patient, consolidated Public Health Reporting

Technology and Implementation Road Map Goals

- Exchange Advance Directives Use Case to enter production Sept. 25
 - Integrated with MiWay Statewide Consumer Directory and Peace of Mind
- Exchange Care Plan / Integrated Care Bridge Record Use Case for MIHealthlink is scheduled to enter production with CCDs on Oct. 1
 - Timeline is aggressive for participants due to implementation challenges
- Exchange Medication Reconciliation at Discharge Use Case entered pre-production on Sept. 1
- Single Sign-On Use Case ready to enter production after final MDHHS legal review
- Receive Immunization History/Forecast Use Case ready to end pilot phase & enter production – date TBD by MCIR

2015 Goals – September Update

QO & VQO

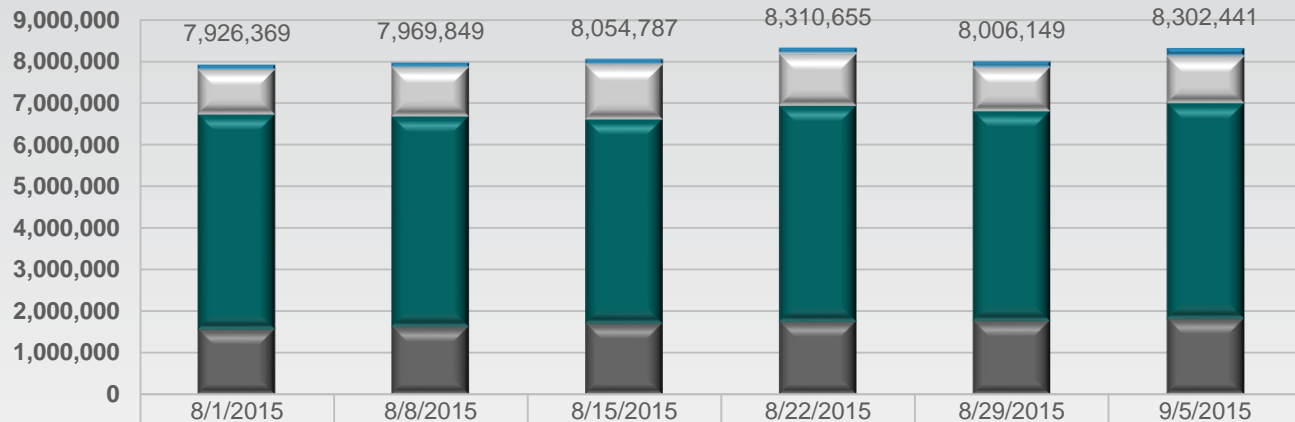
Data Sharing

- More than **404 million** messages received since production started May 8, 2012
 - Have processed as many as **8.3 MLN+** total messages/week
 - Averaging **8 MLN+** messages/week
 - **6-7 MLN+ ADT** messages/week; **1.1 MLN+** public health messages/week
- Total 490 ADT senders, 37 receivers to date
 - Estimated **93%** of admissions statewide now being sent through MiHIN
- Sent **.581 MLN+** ADTs out last week (exact match rate approx. 60%)
 - Common Key Service will increase match rate **> 90%**
- More than:
 - **554,000 Reportable Lab** messages received/sent to MDSS
 - **13 MLN Immunization** messages received/sent to MCIR
 - **61 MLN Syndromic Surveillance** messages received/sent to MSSS
 - **348** Care Plans/Integrated Care Bridge Records (ICBR) per week
- Presently processing approximately **350,000** Discharges per week (ADT A03)
 - **1.5+ MLN Medication Reconciliations at Discharge**/month *expected*

MiHIN Shared Services Utilization

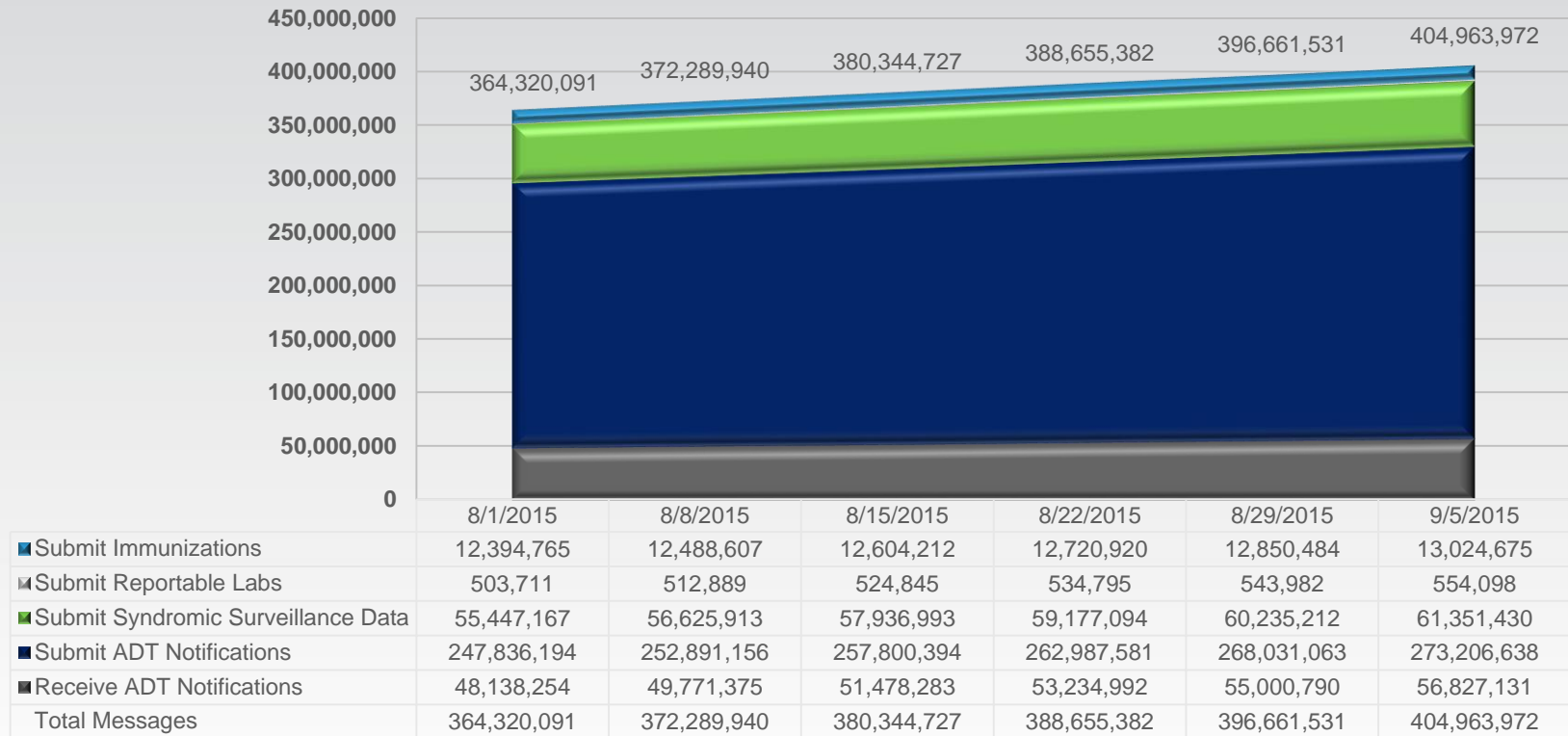
- **6.1 MLN** patient-provider relationships in Active Care Relationship Service (ACRS)
- **5.1 MLN** unique patient records in ACRS
- **540,860** unique providers in statewide Health Provider Directory; **4,454** unique organizations
- **Medication Management White Paper**
 - Identifies Use Case opportunities around Medications
 - Prioritizes top three (3) Use Cases
 - 3rd Medication Management White Paper event was held August 25:
 - Approximately 55 attendees present
 - 4th/final Medication Management White Paper meeting was September 10
 - **Final draft White Paper available for HIT Commission and Governor's Task Force on Controlled Substances expected around September 22**

Weekly Message Volumes

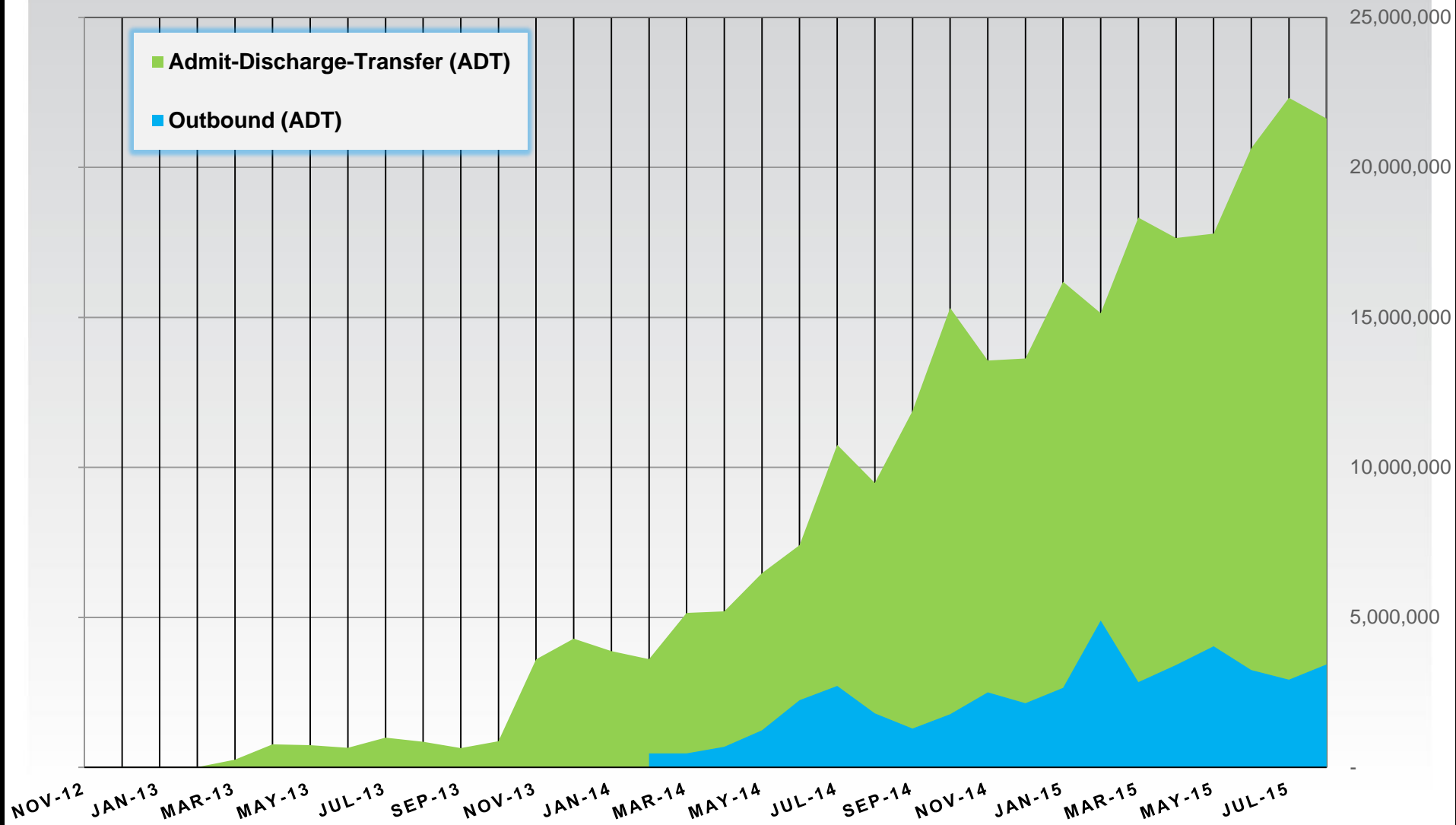


	8/1/2015	8/8/2015	8/15/2015	8/22/2015	8/29/2015	9/5/2015
■ Submit Immunizations	107,261	93,842	115,605	116,708	129,564	174,191
■ Submit Reportable Labs	10,333	9,178	11,956	9,950	9,187	10,116
■ Submit Syndromic Surveillance Data	1,070,990	1,178,746	1,311,080	1,240,101	1,058,118	1,116,218
■ Submit ADT Notifications	5,167,887	5,054,962	4,909,238	5,187,187	5,043,482	5,175,575
■ Receive ADT Notifications	1,569,898	1,633,121	1,706,908	1,756,709	1,765,798	1,826,341
Total Messages	7,926,369	7,969,849	8,054,787	8,310,655	8,006,149	8,302,441

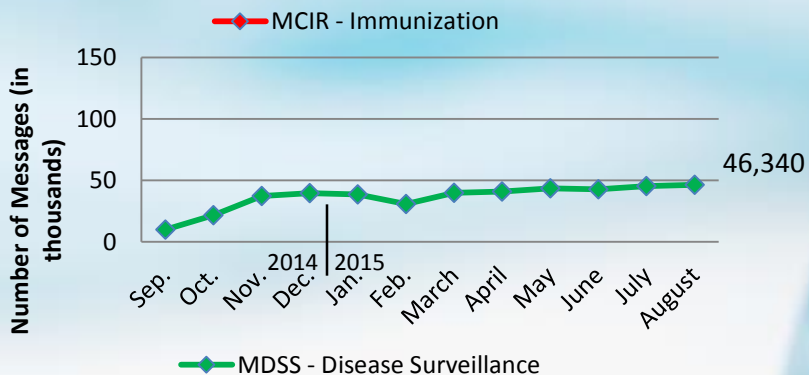
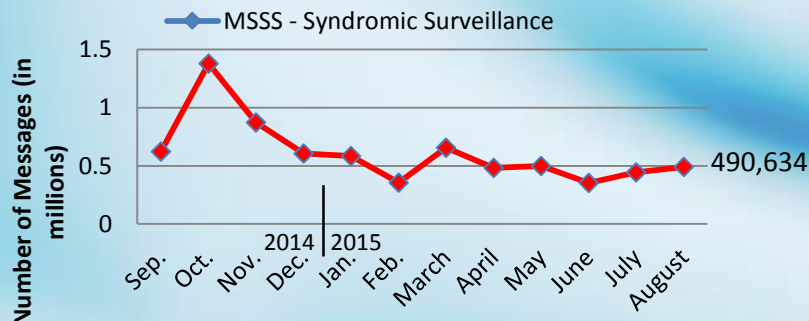
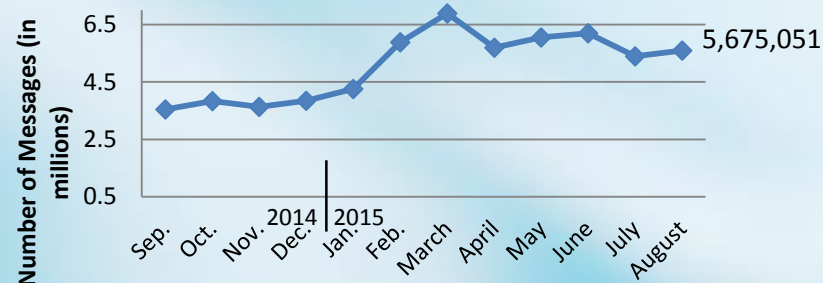
Cumulative Message Volumes



MONTHLY MESSAGE COUNT



Transmission Production Numbers



Future Transmission Types

- Newborn Screening CCHD
- Birth Defect Reports
- Cancer Case Reports
- MCIR Query

Project Updates

Privacy and Security: MiLogin-MPI Integration

MILogin and MPI working together provide an additional level of security for State of Michigan applications through the use of multi-factor authentication (one-time password) and identity proofing (if needed by the application).

There are several projects that will be accomplished through further integration between the MiLogin system and the Master Person Index that are scheduled for FY16.

- MDHHS will establish a state-based method of identity proofing as an alternative for users unable to successfully complete the credit-bureau based identity proofing.
- MDHHS will establish a real-time integration of MiLogin with MPI to assist with user management. This will allow MiLogin to be a data source for MPI and MPI to identify sources for MiLogin's identity proofing.

Privacy and Security: MiHIN/MiLogin Federation

DHHS and MiHIN have successfully set up the necessary infrastructure to accomplish Federation. "Federation" means that the State can leverage other systems' identity and credentialing when their standards equal or exceed those of the State or MDHHS systems, or an organization can leverage the State's identity and credentialing when the State's standards equal or exceed those of the organization. Both of these options will be available with the new infrastructure. Federation has the potential to reduce the burden on users of Federated applications as the same username/password can be used to access the systems. With appropriate legal agreements in place, State applications (like CHAMPS or MCIR) can be accessed by organizations using their local systems username and password. The next step will be to establish the legal agreements needed and identify organizations and MDHHS applications that are ready to participate in this new functionality.



Participation Year (PY) Goals

September 2015 Dashboard

	Reporting Status	Prior # of Incentives Paid (July)	Current # of Incentives Paid (August)	PY Goal: Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Professionals (EPs)	AIU 2013	1323	1323	1003	\$ 27,681,687
	AIU 2014	975	1045	1000	\$ 21,901,681
	AIU 2015	41	95	500	\$ 1,969,169
	MU 2013	1210	1210	1043	\$ 10,157,515
	MU 2014	1141	1217	1444	\$ 10,234,013
	MU 2015	7	26	1702	\$ 206,835
Eligible Hospitals (EHs)	AIU 2013	16	16	15	\$ 6,864,231
	AIU 2014	3	3	17	\$ 3,036,526
	AIU 2015	0	0	5	\$ -
	MU 2013	79	79	70	\$ 28,089,553
	MU 2014	61	61	44	\$ 13,069,360
	MU 2015	0	0	28	\$ -

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	5,116	\$ 186,157,223
MU	3,151	\$ 98,424,940

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use

2015 Goals – September Update

Federally Funded REC

Supporting adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan's primary care community.

- **3,724(+)** *Milestone 1*: Recruitment of Eligible Priority Primary Care Providers (PPCPs); >100% to goal
- **3,724(+)** *Milestone 2*: EHR Go-Live with PPCPs; >100% to goal
- **3,724(+)** *Milestone 3*: Stage 1 Meaningful Use Attestation with PPCPs; >100% to goal

MDHHS Medicaid MU Program

Supporting providers in Michigan with high volumes of Medicaid patients in attaining Meaningful Use.

- **623- Specialist Sign-Ups**: Recruitment of Medicaid eligible specialists (Non-Primary Care)
 - 361- AIUs | 21- 90day MU attestation | *Specialist Sign-Up breakdown: Behavioral Health 58%, Dentistry 31%, Optometry 6%, Other 5%*
- **651- Stage1Year1(or2) Sign-ups**: Recruitment of MEPs in Stage 1 of Meaningful Use
 - 296- AIUs | 122- MU attestations
- **157- Stage2Year1 Sign-ups**: Recruitment of MEPs in Stage 2 of Meaningful Use
 - 5- 90day MU Attestation

M-CEITA Provider Metrics

Client data provides insight into EHR adoption and the Meaningful Use landscape across Michigan providers.

- M-CEITA is eagerly anticipating the release of the Modified Stage 2 Final Rule. Among many anticipated changes for providers in 2015, the rule should include the change from a 365-day reporting period down to a 90-day reporting period for all EPs.
- M-CEITA is now offering Technical Assistance designed to assist EPs with understanding and attesting to PQRS program requirements.
- M-CEITA is now offering a new service line designed to assist providers who have been selected for a CMS or MDHHS Meaningful Use audit.

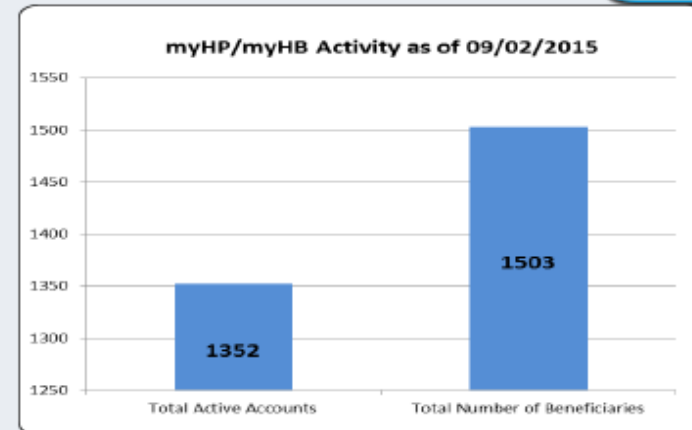
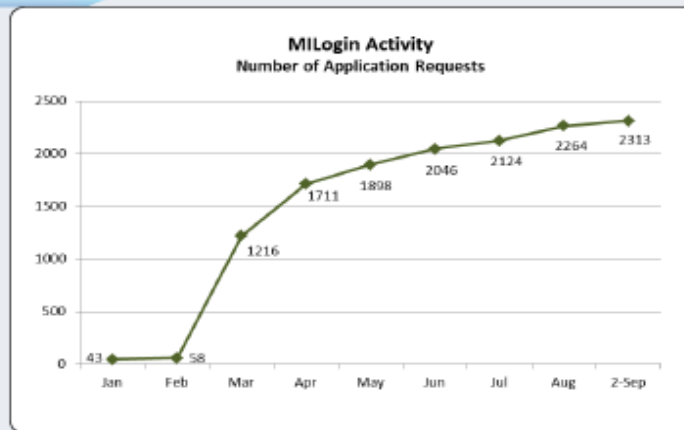
Quality Improvement Initiatives

Expanding our focus to assist providers with future stages of MU, other quality process improvements and public health priorities with an emphasis on EHR-enabled improvements.

- M-CEITA has completed Year 1 activities under the MDHHS/CDC 1305 grant, teaching healthcare teams state-wide how to leverage Health IT to improve HTN & DM management and have been contracted to continue with add'l Year 2 work which includes developing an "eUniversity" for Health IT strategies and tools related to HTN and DM.
- Under the MDHHS/CDC 1422 grant, M-CEITA is providing Technical Assistance to selected MI communities, working directly with healthcare providers and their teams to teach best practices in how to leverage Health IT to improve hypertension rates.
- M-CEITA continues to be an active participant in the multi-state ASTHO Million Hearts Learning Collaborative, partnering with MDHHS and other stakeholders to improve hypertension rates in selected clinics in the Muskegon area.



myHealthButton/myHealthPortal Dashboard



Updates:

6.0 Release (September 2015)

- ◇ Upload MiWay Consumer Advance Directives for the Peace of Mind Registry
- ◇ View claim/encounter data
- ◇ Provide authorizations for the release of protected health information (PHI)
- ◇ Upload clinical documents (Continuity Care Documents)
- ◇ MDHHS-generated online alerts, notifications and surveys

Outreach Activities (July-September 2015)

- ◇ Facebook Promoted Posts
- ◇ Facebook Mobile App Installation Ads
- ◇ Targeted Desktop Display Advertisement

September 2015

Consumer Engagement Dashboard

Research & Evaluation

Medicaid Consumer Survey

A survey will be administered to Medicaid and Healthy Michigan Plan beneficiaries to assess consumers' level of health engagement and measure current use and interest in health IT solutions.

The survey contains thirty questions on demographics, health engagement, technology engagement (including myHealthButton), and provider use of health technology.

Please see attached for survey questions.

Stakeholder Collaboration

Consumer Engagement Interest Group Call

September Call: Jamie Davis and Nadine Robin from Louisiana Health Care Quality Forum will be presenting on Louisiana's statewide health IT education campaign, "Your Health In Your Hands."
<http://www.makemyhealth.me/>

Next Calls

Tuesday, September 15th
2:00pm – 3:30pm

Number: 1-415-655-0001
Access Code: 191 223 903

Meeting Link:

<https://meetings.webex.com/collabs/#/meetings/detail?uuid=M3ZGZRBTCTRJLOHJDCLOKA6US7-5781&rnd=533714.19342>

Tuesday, October 20th
2:00pm – 3:30pm

Outreach & Education

Michigan Health IT

The Michigan Health IT website has been the home of the Michigan Medicaid EHR Incentive Program. The site now includes videos and resources to help providers understand how health IT and health information exchange can benefit them and their patients.

Check out the Tools & Resources page:
<https://michiganhealthit.org/>

Coming soon: a webpage designed for patients to educate them on the benefits of health IT and HIE.

Video

Since the June release, the "Improving Health in Michigan through Health IT" video has 148 views on its YouTube page.
<https://www.youtube.com/watch?v=z2vUT5u97u4>

HIT/HIE August 2015 Updates

- Statewide Initiatives
 - Peace of Mind
 - Blueprint for Health
 - Request for Proposal (RFP) for the Comprehensive Health Plan Contract for Michigan's Medicaid Health Plans (MHP)
 - MI Health Link

HIT/HIE August 2015 Updates

- Central Themes In Statewide Initiatives
 - Integration of Care
 - Person-Centered Focus
 - Care Coordination
 - Population Health Management
 - Payment Reform

HIT/HIE August 2015 Updates

- Common Barrier:
 - Identifying a consumer throughout the healthcare system.
 - Identifying who should be kept informed regarding the consumers episode of care.
 - Inserting the consumers point of view regarding provider relationships and access to health data.

HIT/HIE August 2015 Updates

- HIT Commission Considerations
 - Support the utilization of the Active Care Relationship Service (ACRS) and Common Key statewide service as a means to achieve MDHHS policy goals.
 - Encourage Michigan healthcare stakeholders to adopt Active Care Relationship Service (ACRS), Common Key statewide service, and utilize the Statewide Health Provider Directory (HPD).

Michigan Identity Management

HIT Commission

September 17, 2015

Cynthia Green-Edwards, RN, BS

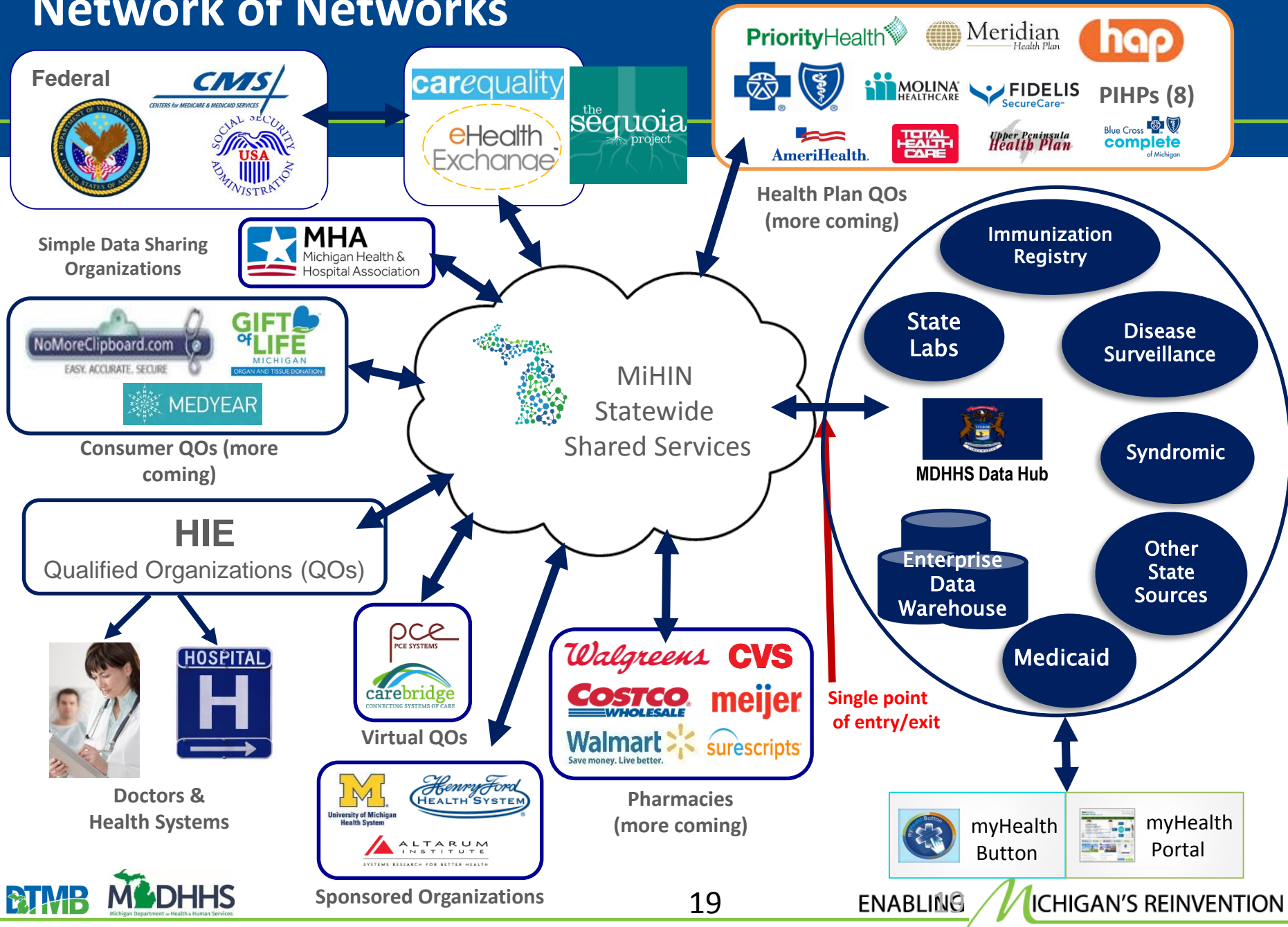
Director, Office of Medicaid Health Information Technology

Michigan Department of Health and Human Services

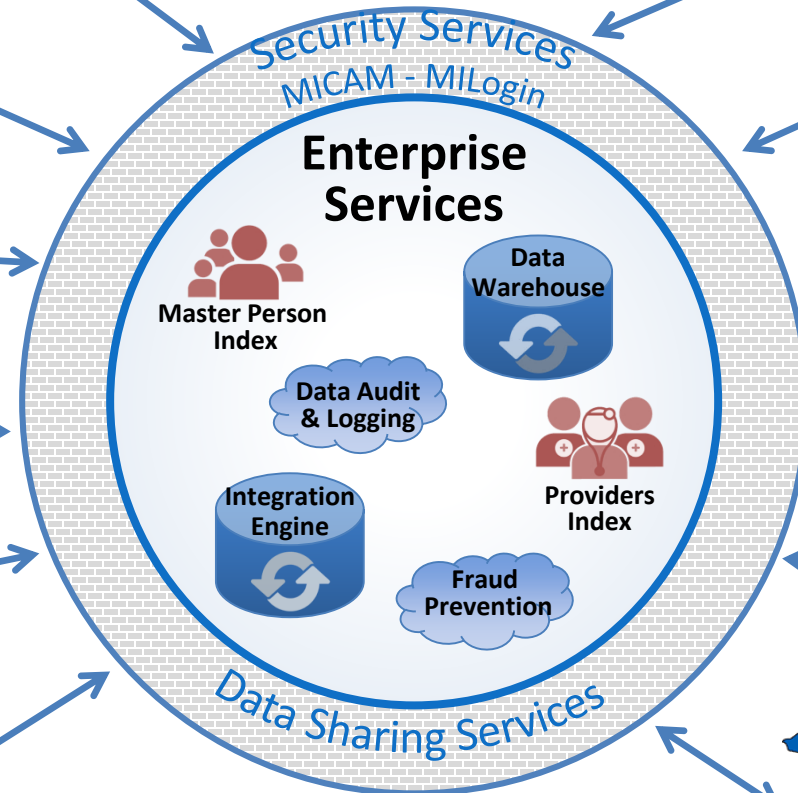
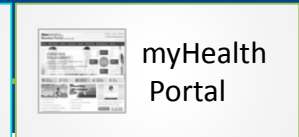
Michigan Department of Health and Human Services Vision

- Promote better health outcomes, reduce health risks, and support stable and safe families while encouraging self-sufficiency
- Align with Governor Snyder's River of Opportunity
 - focus on people, not programs
 - ensure efficient, accountable and effective government
- IT infrastructure must reflect a person centered view and support the Enterprise Information Management initiative

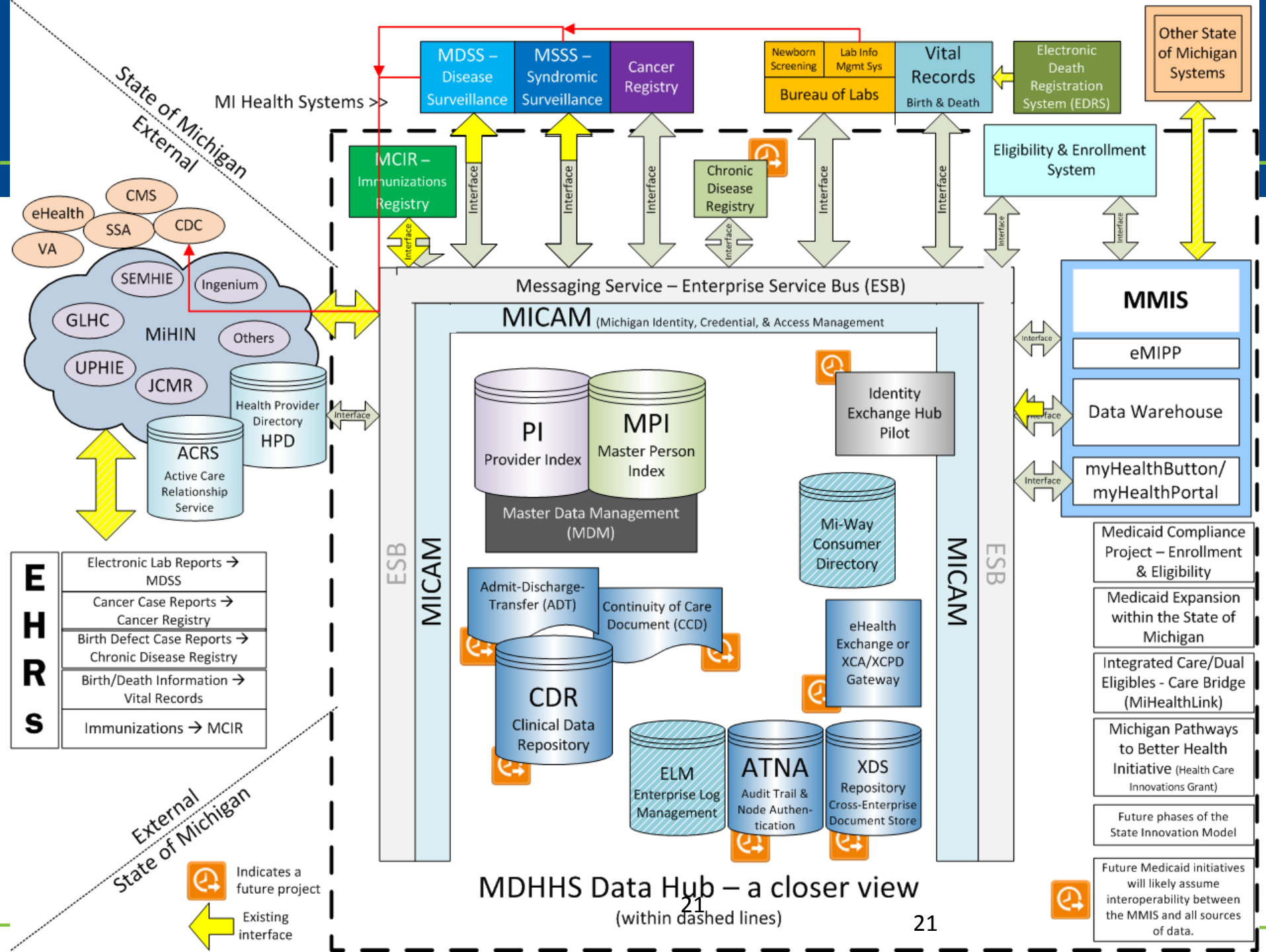
Network of Networks



MDHHS Data Hub



State Courts



Identity, Access and Credential Management

**Multi-factor
Authentication
Service**

**Provider/Entity
Index**

**Federated
Identity
Management**

**Single Sign-On
(SSO)**

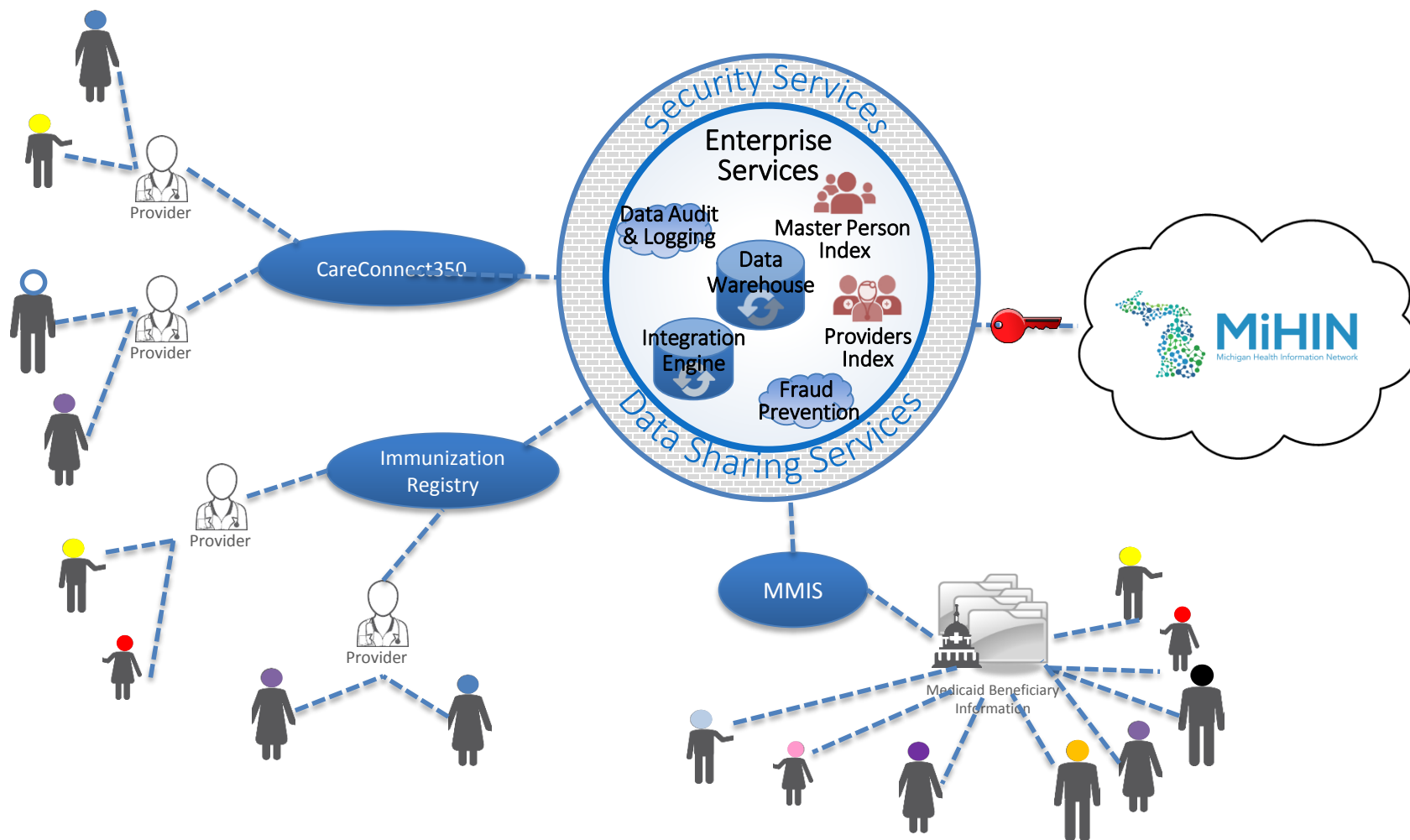
**Master Person Index
+
Common Key Service**

**Identity
Proofing
Service**

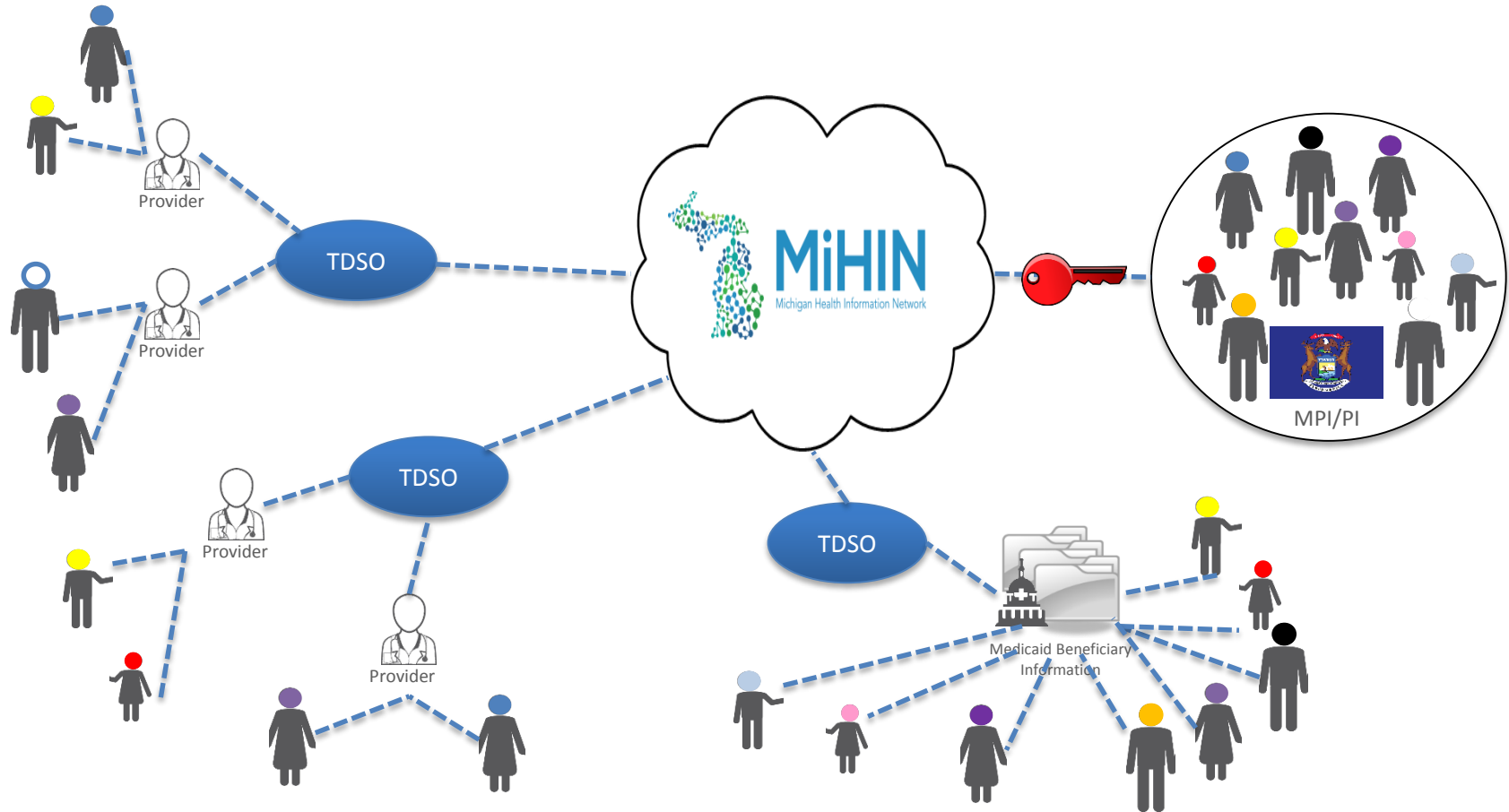
**Access
Management**

**Secure Transport Layer Services and
Digital Credentials**

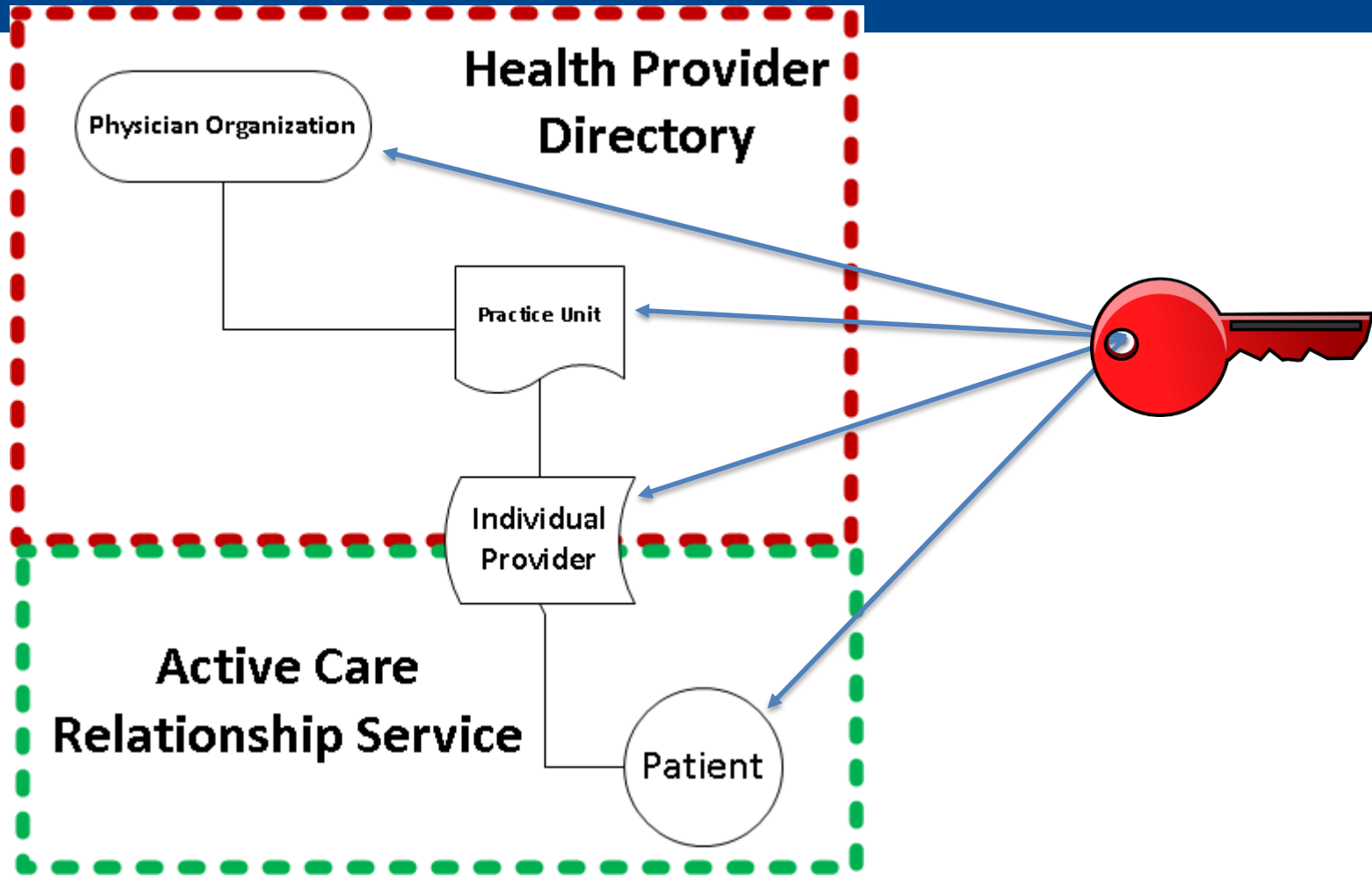
Master Person Index/Provider Index



Common Key Service for Active Care Relationship Service/Health Provider Directory



HPD & ACRS to Common Key



Key Benefits of MPI/PI

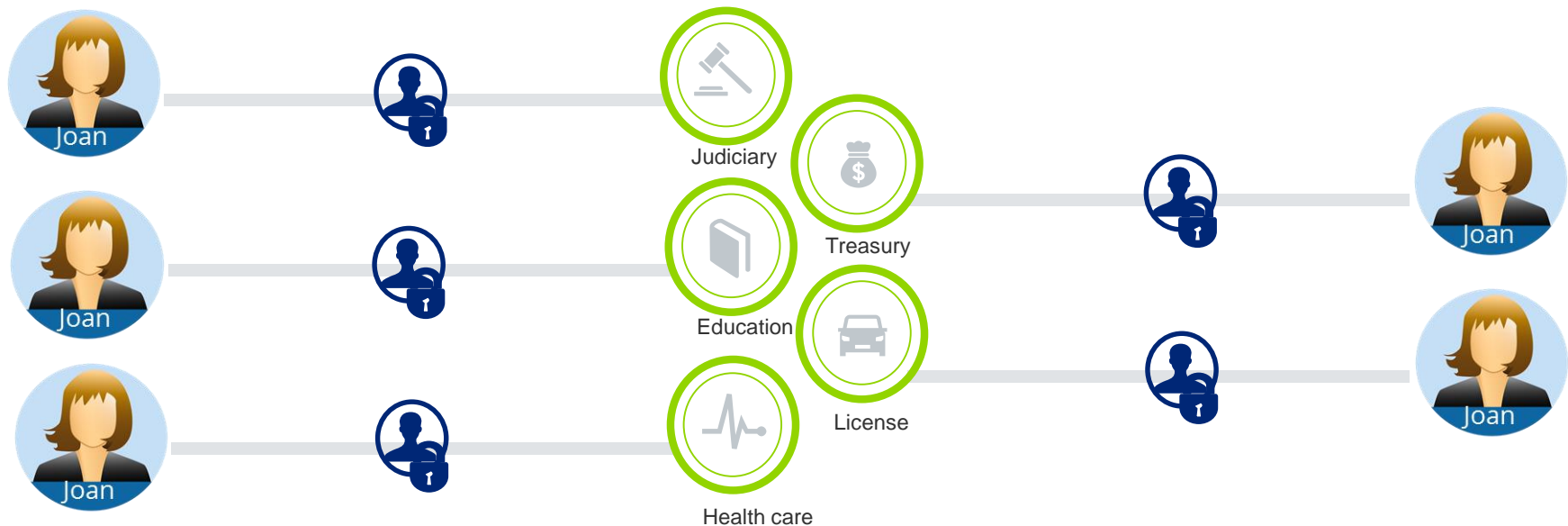
- Provide 360 degree view of a person
 - Enhance data availability by linking multiple data sets
 - Enrich data by providing additional data about a person
- Identify potential duplicate records or other data quality issues
- Allow source system to search for individuals in other systems to reduce data entry
- Provide relationships between individuals
 - Households - parent/child, husband/wife
 - Provider from PI also individual in MPI
- Alert a system of changes to an individual such as death notification or sanctioned information
- Assist in fraud detection
- Enable assessment of longitudinal data from birth to end of life
- Provides ability to analyze results, influence outcomes, reduce costs
 - Tracking population health
 - Quality measures
 - Predictors of behaviors and health conditions
 - Performance monitoring

What is MILogin?

MILogin is an enterprise single sign-on and identity management solution which enables the State to establish, manage, and authenticate user identities.

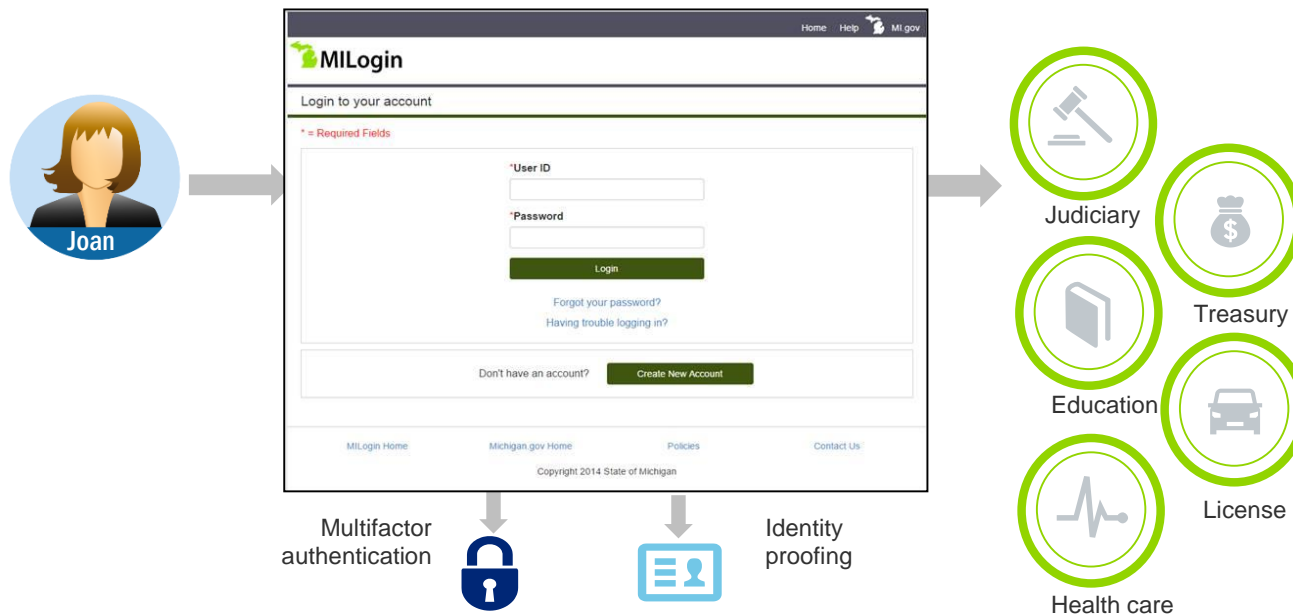
- Core Functions
 - ✓ Enterprise Single Sign-On – one set of credentials for multiple state systems
 - ✓ MILogin Account Self Registration and Self Service
 - ✓ Customizable Application Access Approval Workflow
 - ✓ Identity Federation (between SOM and external Service Providers)
 - ✓ Mobile Friendly, ADA Compliant Interface and Integration with Mobile Applications
 - ✓ Integration with SOM Active Directories for seamless intranet access (for workers)
 - ✓ High Availability, accessibility and scalability
- Additional Capabilities – primarily related to security and compliance requirements
 - ✓ Identity Verification and Proofing (via Experian)
 - ✓ Multi Factor Authentication (Level of Assurance, via Duo Security)
 - ✓ Customized User Interface (Custom UI)

Before MILogin – Customer Perspective



- Each agency maintains its own application security and user identities for online access.
- Same customer (Joan) is forced to use multiple credentials (user IDs/passwords) for accessing state systems.

MILogin Vision



- One customer – one set of credentials to access all state systems online.
- Added security measures such as Multifactor Authentication and Identity Proofing for regulatory compliance and fraud prevention.

MILogin – MDHHS integrations since October 2014

- myHealthButton and myHealthPortal applications
- MiHIN-MILogin Federation Framework
- IMPACT Illinois Provider Enrollment - allows identity and access management for State of Illinois Medicaid providers and staff. Total user registrations since September 04, 2015: 9,654.
- MiSACWIS Mobile (Multi-Factor Authentication functions)
- Desktop Kerberos Active Directory integration for State workers
- MiPage – SOM mobile application, as part of Enterprise Information Management (EIM) and Mobile First strategies
- 8 MDHHS Migrations from legacy SSO to the MILogin solution

MILogin – MDHHS integrations scheduled for FY16

- Master Person Index (MPI). Leveraged MPI as an alternate flow during identity proofing via State trusted data sources
- MDHHS Medicaid application(s) will be federated with the MiHIN Identity Exchange Hub (IEH)
- Third Party Liability (TPL) as a Service for other States
- MMIS Cloud Integration will allow the Michigan to offer services to other States
- BRIDGES/MiBridges will allow Medicaid beneficiaries to log in one time to access benefits and other State services
- As new applications are developed they will use MILogin for identity and access management
- Scheduled 61 MDHHS Migrations from legacy SSO to the MILogin solution

MILogin – Metrics as of 09.11.2015

- Total number of User Accounts: 4,581
- Total number of Identity Proofing Requests: 3,132
- Total number of Multi-Factor Authentication Requests: 5,177
- Total State of Illinois Medicaid providers and staff: 9,654

With the new integrations and migrations scheduled for FY16 these numbers will increase significantly.

Transforming the Healthcare System

- ▶ Integrated Care Demonstration for Dual Eligible Individuals (Medicare and Medicaid) – MI Health Link
- ▶ Medicaid Behavioral and Physical Health Care Coordination
- ▶ Medicaid Expansion - Healthy Michigan Plan
- ▶ State Innovation Model – Blueprint for Michigan
- ▶ Patient-Centered Medical Home - Michigan Primary Care Transformation Project (MiPCT)
- ▶ Pathways Community Hub Model
- ▶ Health Homes
- ▶ EHR Incentive Payment Program

Questions?

Cynthia Green-Edwards, RN, BS

Director, Office of Medicaid HIT

Michigan Department of Health and Human Services

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MiHIN Presentation

HIT Commission Update
9-17-2015

Tim Pletcher, DHA

Executive Director

Michigan Health Information Network Shared Services

pletcher@mihin.org



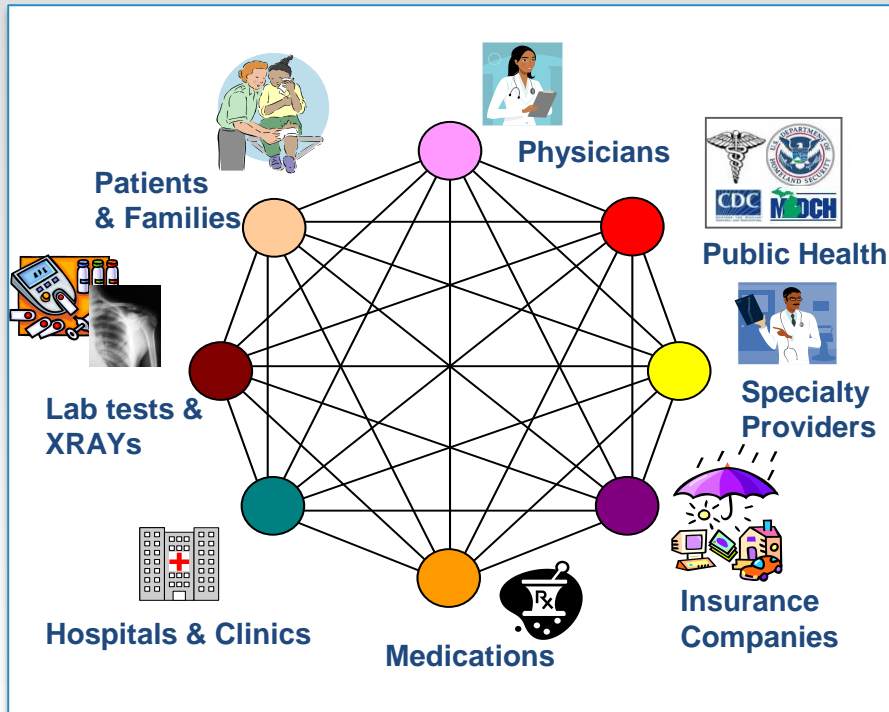
Agenda

1. Brief History of “MiHIN” Prior to ONC
2. ONC Accomplishments & Major Milestone Success
3. Shared Governance Model & Use Case Factorytm
4. The Importance of the Statewide Health Provider Directory, Active Care Relationships, and the Common Key process to improve patient matching
5. Linking clinical quality measure reporting to HIE
6. Major planning & convening efforts for 2016 & 2017
7. National organizations & technologies of importance

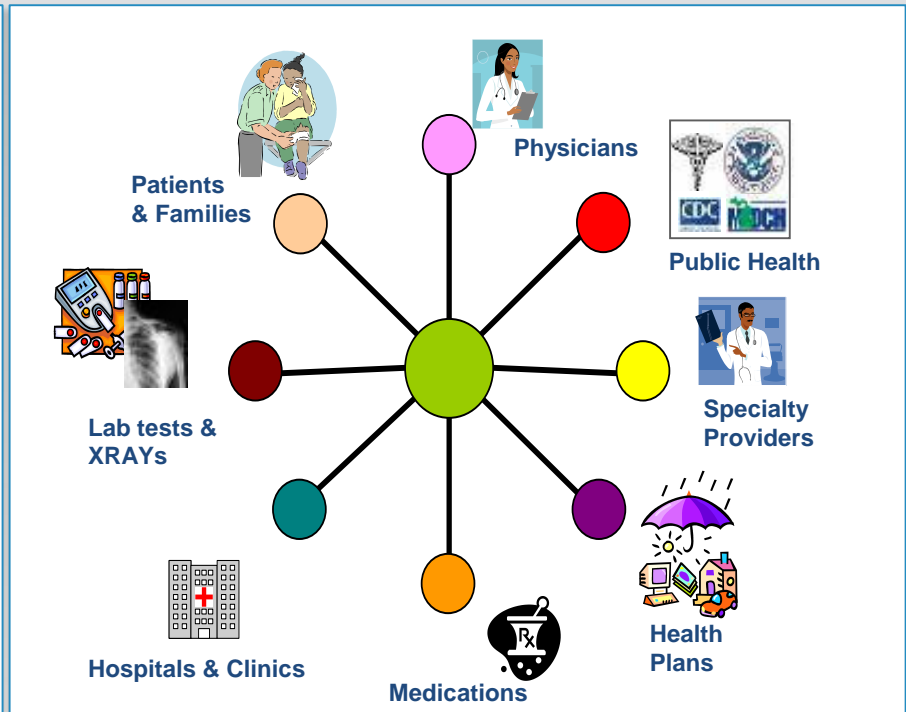


Statewide Coordination

Duplication of Effort & Expense



Shared Services

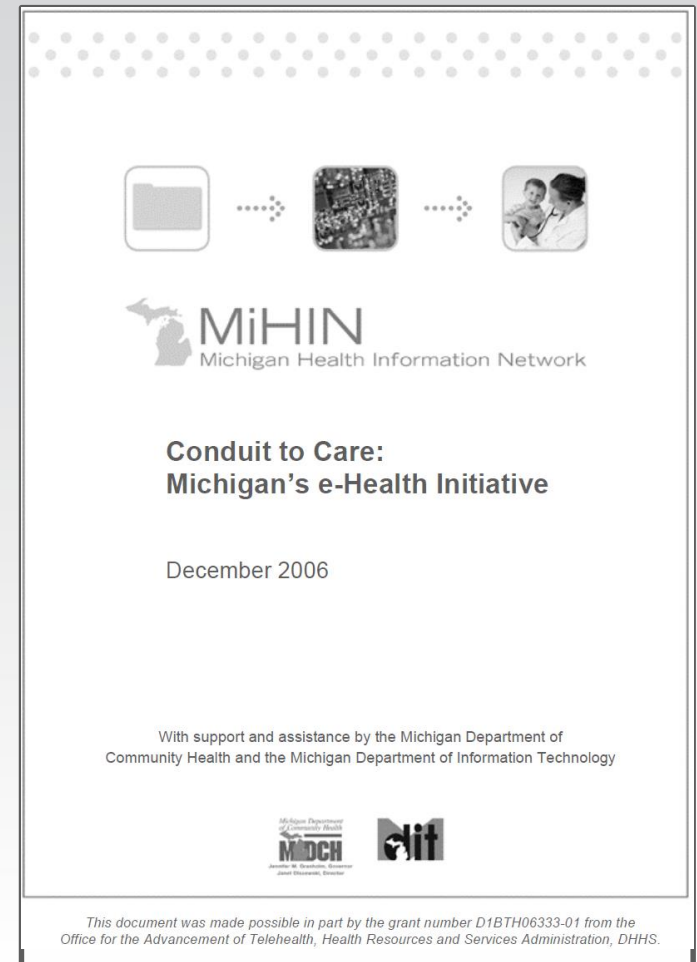


Legal Example: Aggregate Duplication

# of Organizations	Total Agreements
	$(N*(N-1))/2$
2	1
10	45
25	300
100	4,950
1000	499,500

Brief History

- The Michigan Health Information Network (MiHIN) concept kicked off in April 2006 to create what became the Conduit to Care report.
- “convene Michigan’s health care stakeholders to speed the adoption of health information technology and promote health information exchange”



Conduit to Care-“a call to action for Michigan”

Phase A

Making the Patient's Data Available



Tomorrow:

Move healthcare data out of distributed “islands” to authorized users and exchange patient healthcare data in a systematic way.

Phase B

Aggregating Each Patient's Data for Care, Quality & Patient Safety



Future:

Assembling patient records from multiple sources for viewing patient history

Phase C

Empowering Michigan Citizens



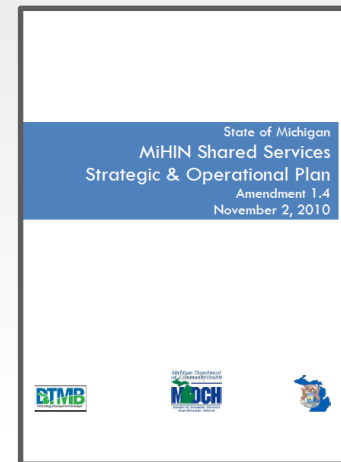
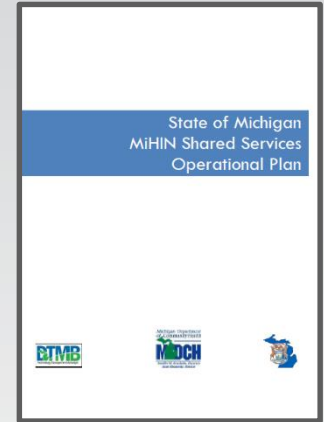
Goal:

“My personal health record.”
PHR is part of the overall network of information resources

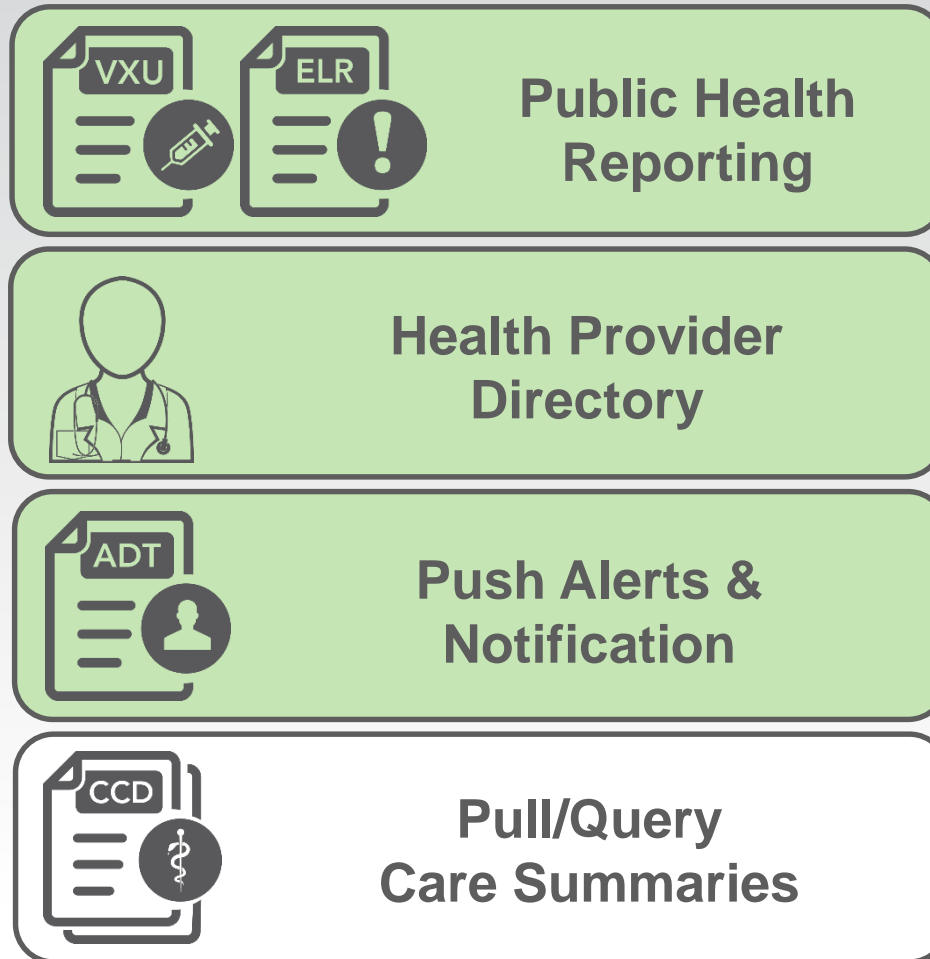


Creation of MiHIN Shared Services

- The MiHIN Shared Services will be designed as a ***network of networks*** ...
- ...with local providers connecting to sub-state HIEs which connect to the MiHIN Shared Services” ...
-and then to the National Health Information Network.



Phase One Statewide Use Cases



Phase Two Statewide Use Cases



**Public Health
Reporting**



**Health Provider
Directory**



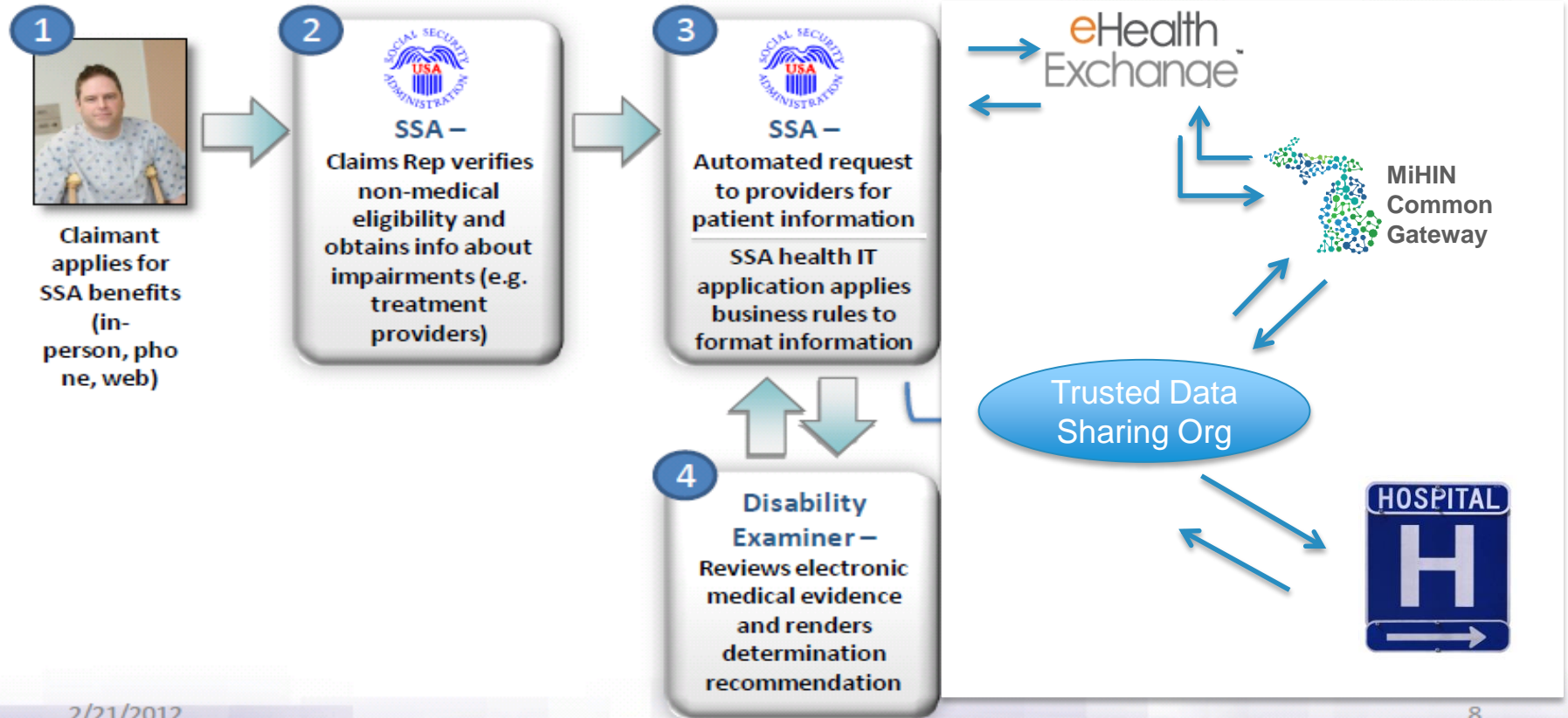
**Push Alerts &
Notification**



**Pull/Query
Care Summaries**



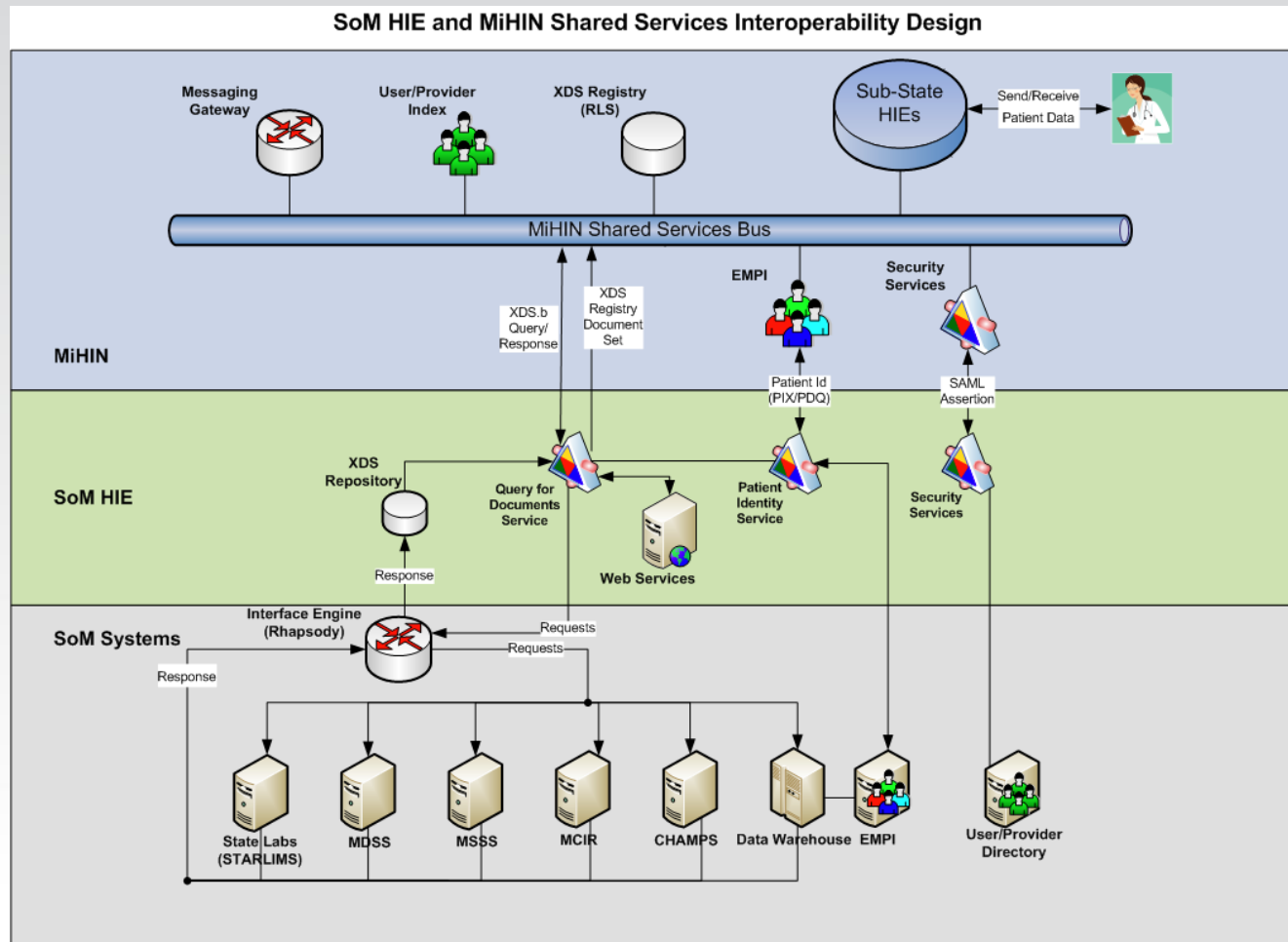
Query Example



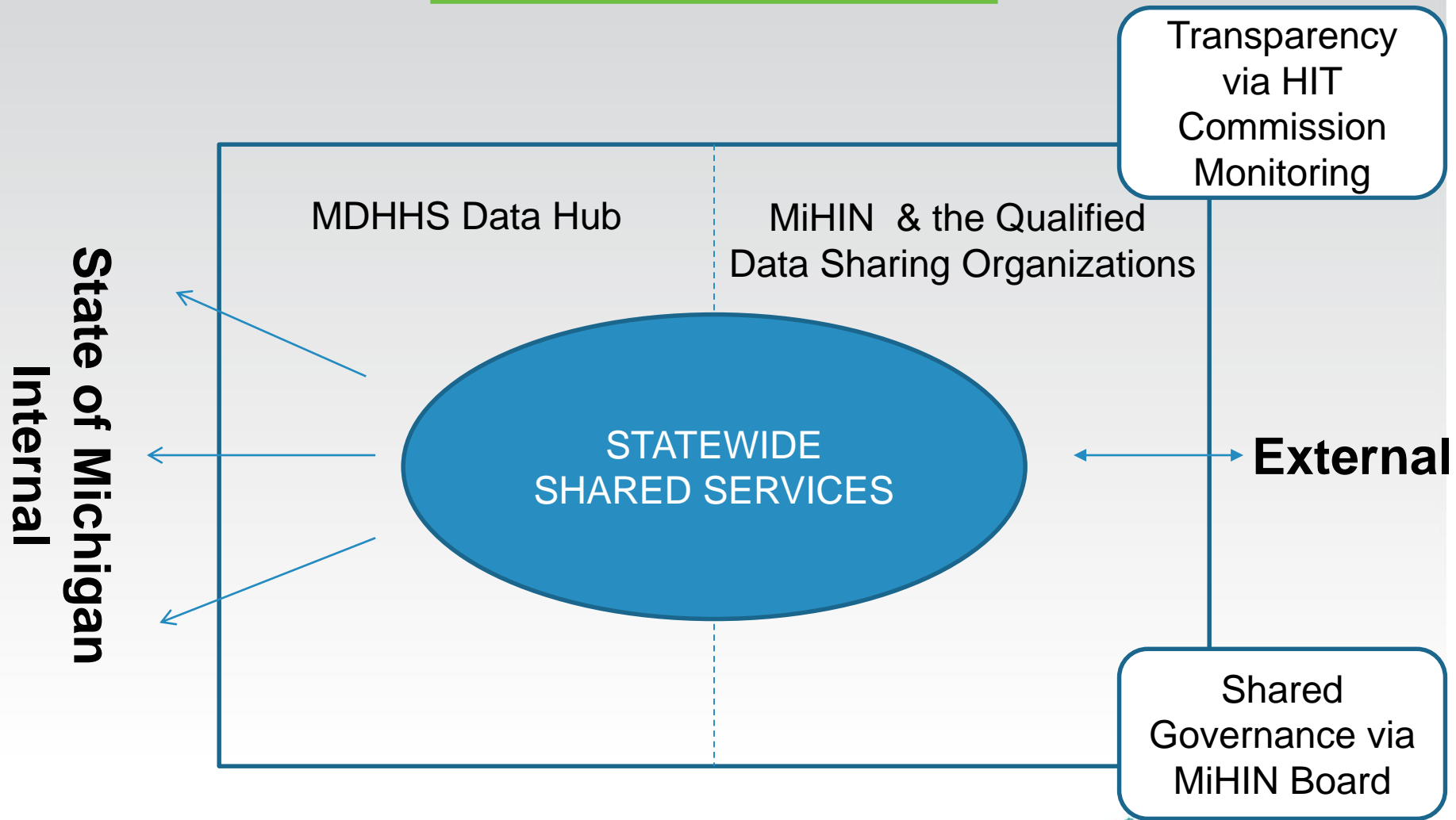
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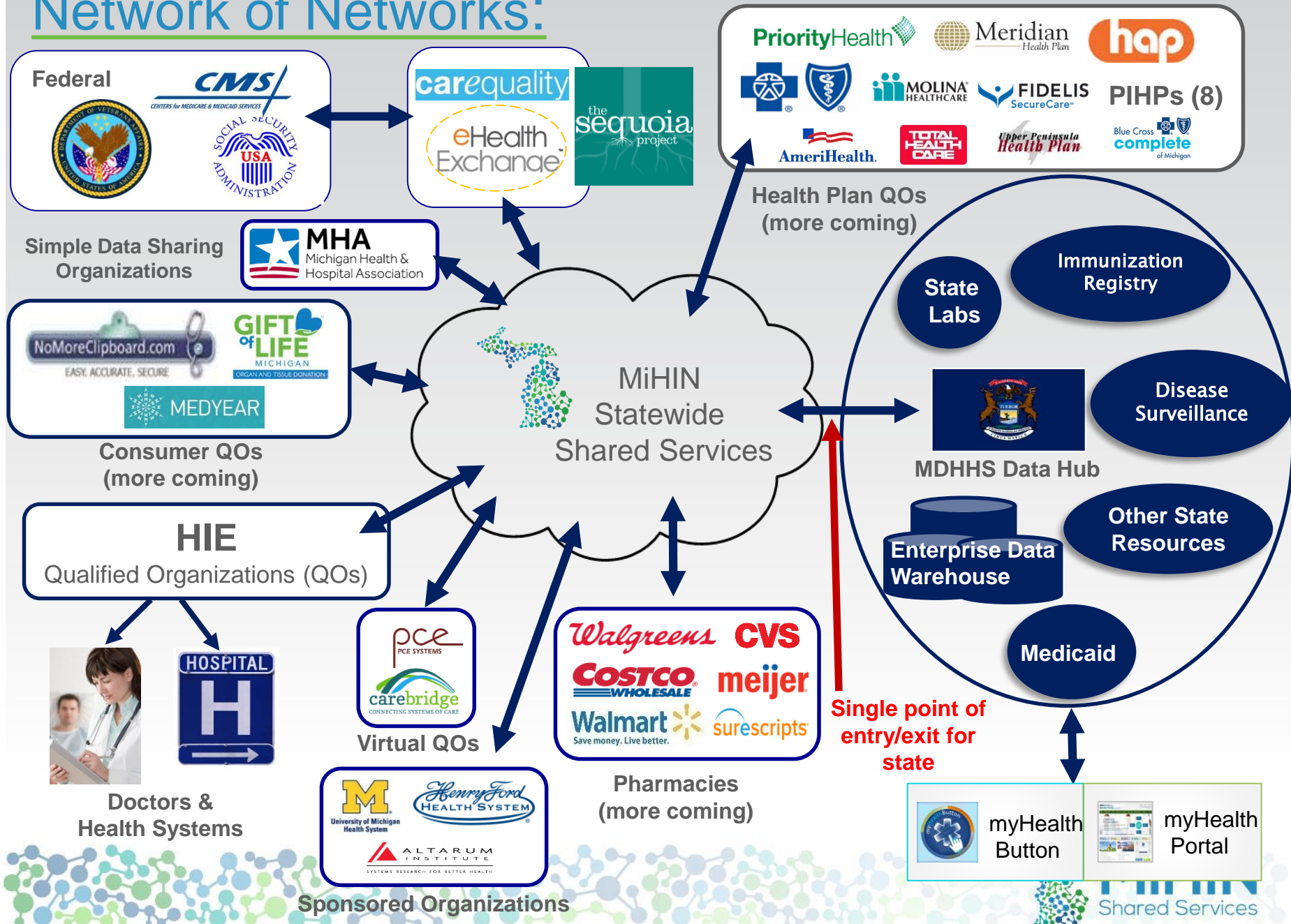
ONC Grant Vision



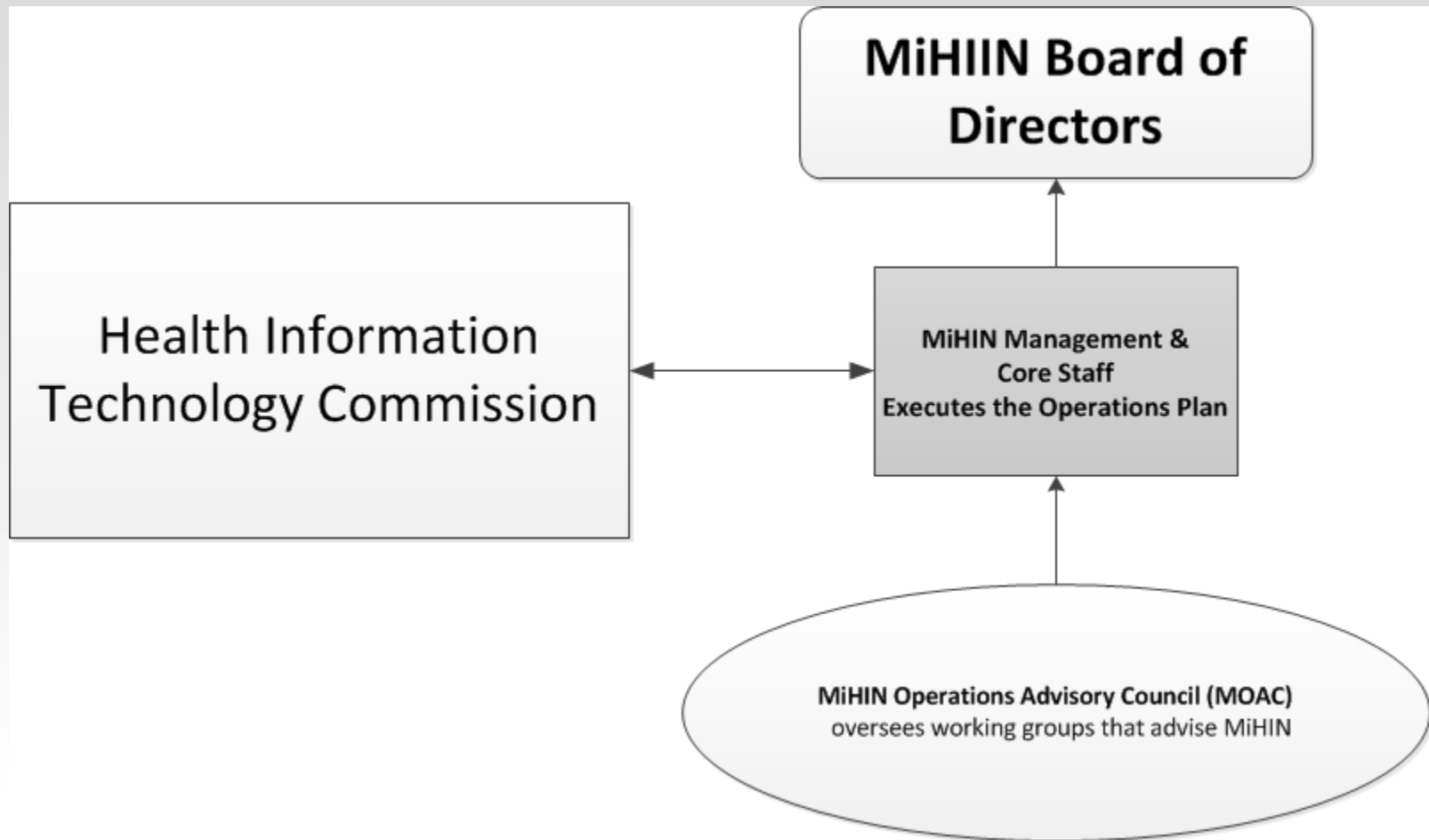
Division of Labor



Network of Networks:



Public Transparency



Public vs. Private Only Model

All HIE subject to HIPAA & Michigan Public Health Code

(A) State-wide HIE Under the MiHIN Governance Structure:

Highly transparent & publicly visible model for data sharing based on the MiHIN Community of “Trusted Organizations” & common “Use Case Agreements”

- Broad multi-stakeholder involvement
- State government designated entity
- Should reduce concerns about restraint of trade

(B) Private:
Private data sharing agreements among private parties



Legal Infrastructure Among Trusted Organizations Linked to Use Cases

ORGANIZATION AGREEMENT (QDSOA or VQDSOA)

Definitions

Basic Connection Terms

Basic BAA Terms

Minimal Operational SLA

Contracting & Payment

Cyber Liability Insurance

Termination

Data Sharing Agreement

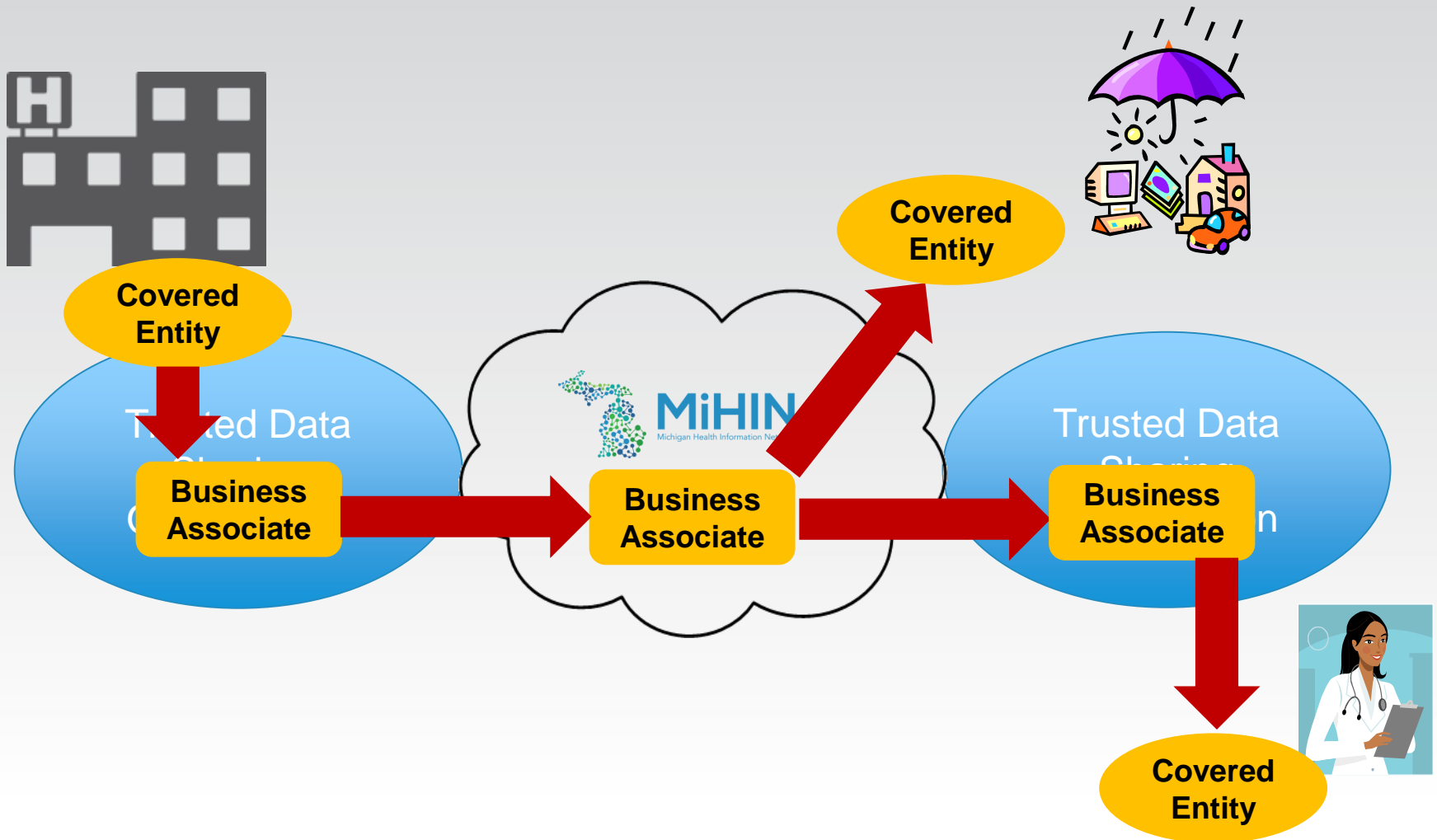
Use Case
#1

Use Case
#2

Use Case
#3



Clear Chain of Trust



MiHIN's Role as Curator of the Statewide "HIE" Ecosystem

- Manage statewide **legal trust** fabric
- Maintain statewide "**master data**" in Active Care Relationship Service, Health Provider Directory, Trusted Identities, Consumer Preferences
- Connect HIEs, Payers, Pharmacies, DHHS, Federal Government, others
- **Align** incentives and/or regulations to fairly share data and promote data standardization (via Use Cases)
- **Convene** groups to identify data sharing barriers, reduce provider burdens, engage consumers, and enable population health

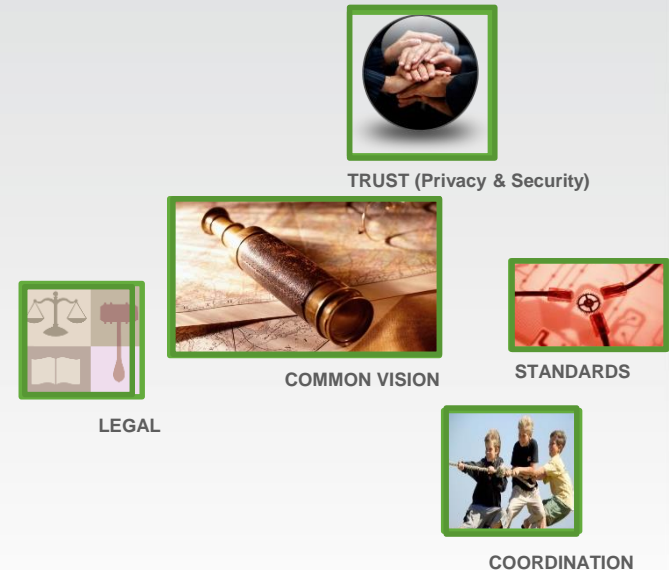
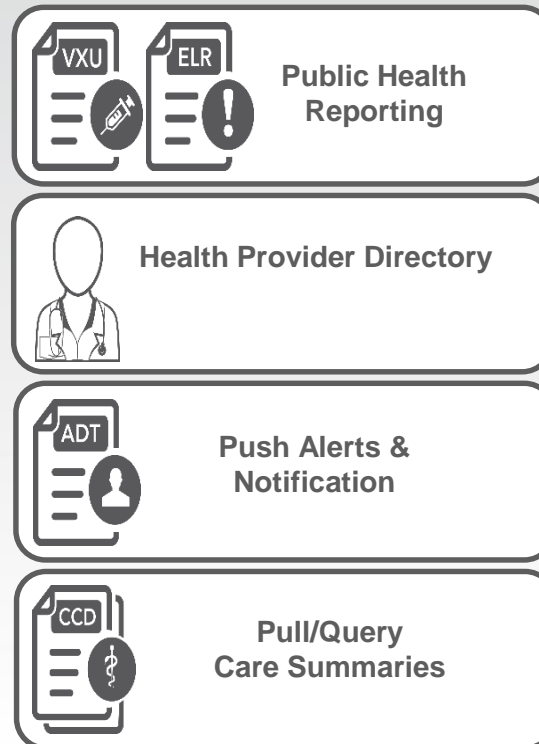


Aligning Priorities

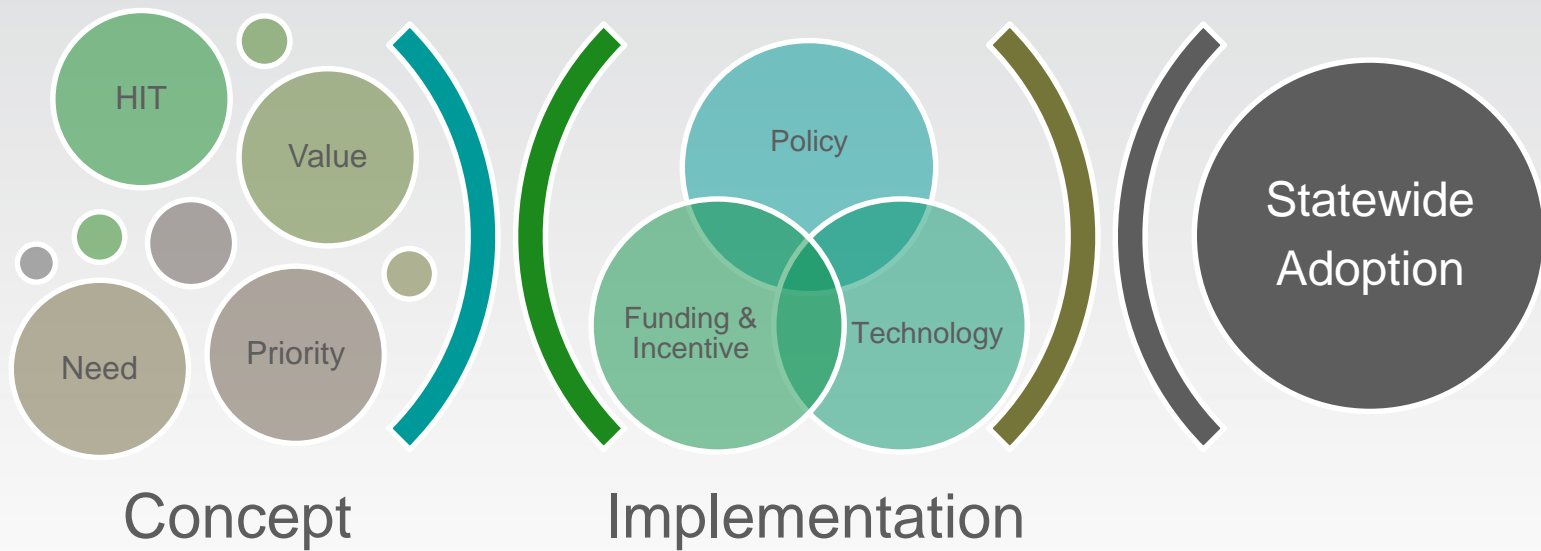
COMPLEX STATEWIDE DATA SHARING

TECHNOLOGY

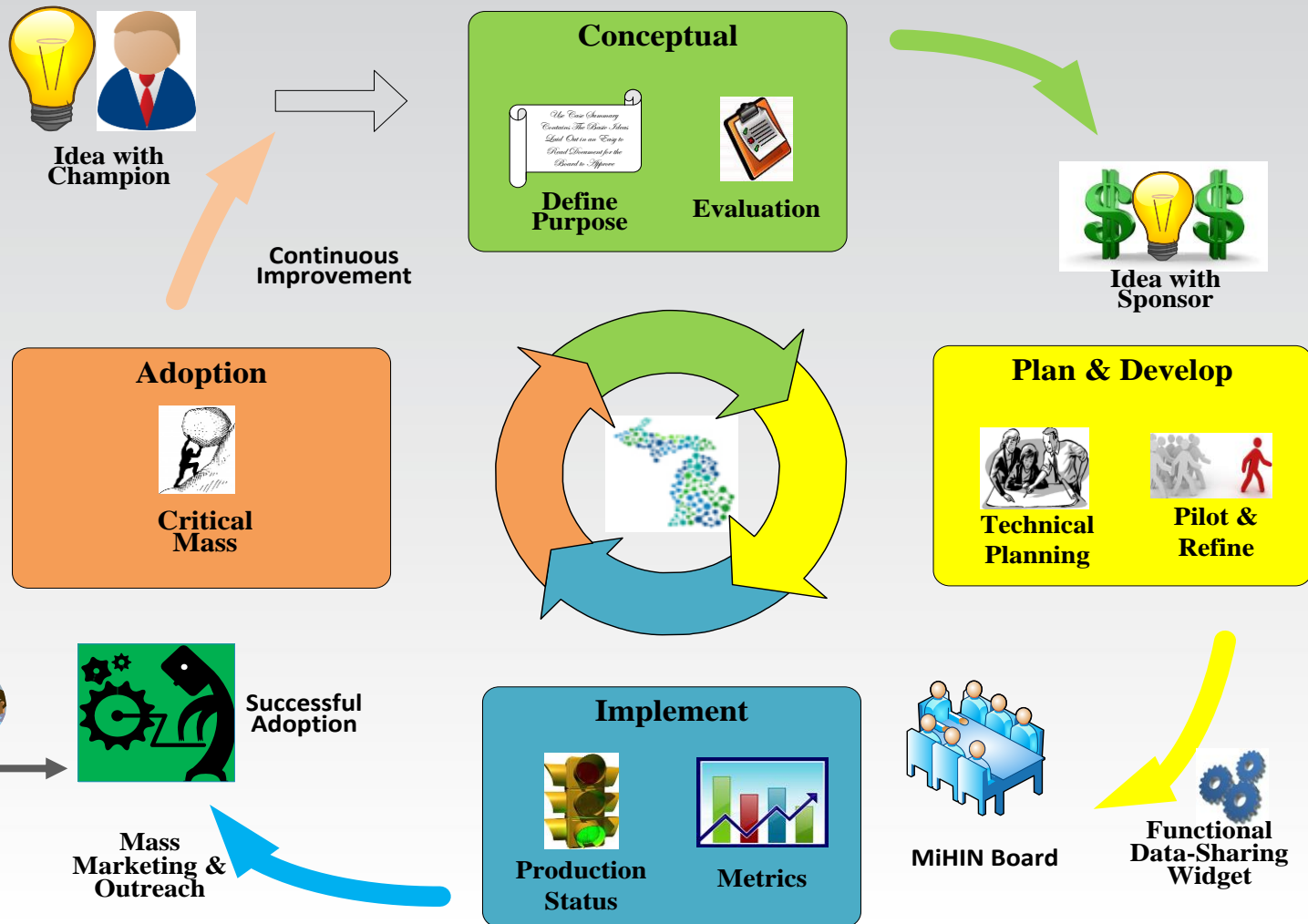
MULTI-STAKEHOLDER ALIGNMENT AROUND “USE CASES”



Use Case Creation



Use Case Factory™



Anyone can submit ideas for use cases: <http://mihin.org/about-mihin/resources/use-case-submission-form/>

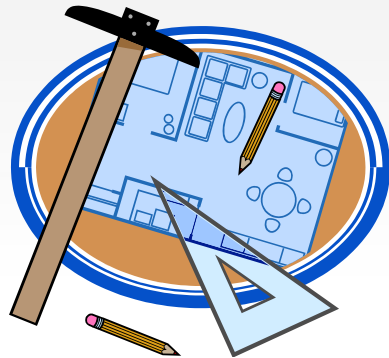
Use Case Components



Use Case Summary - explains purpose and value proposition/business case for sharing data

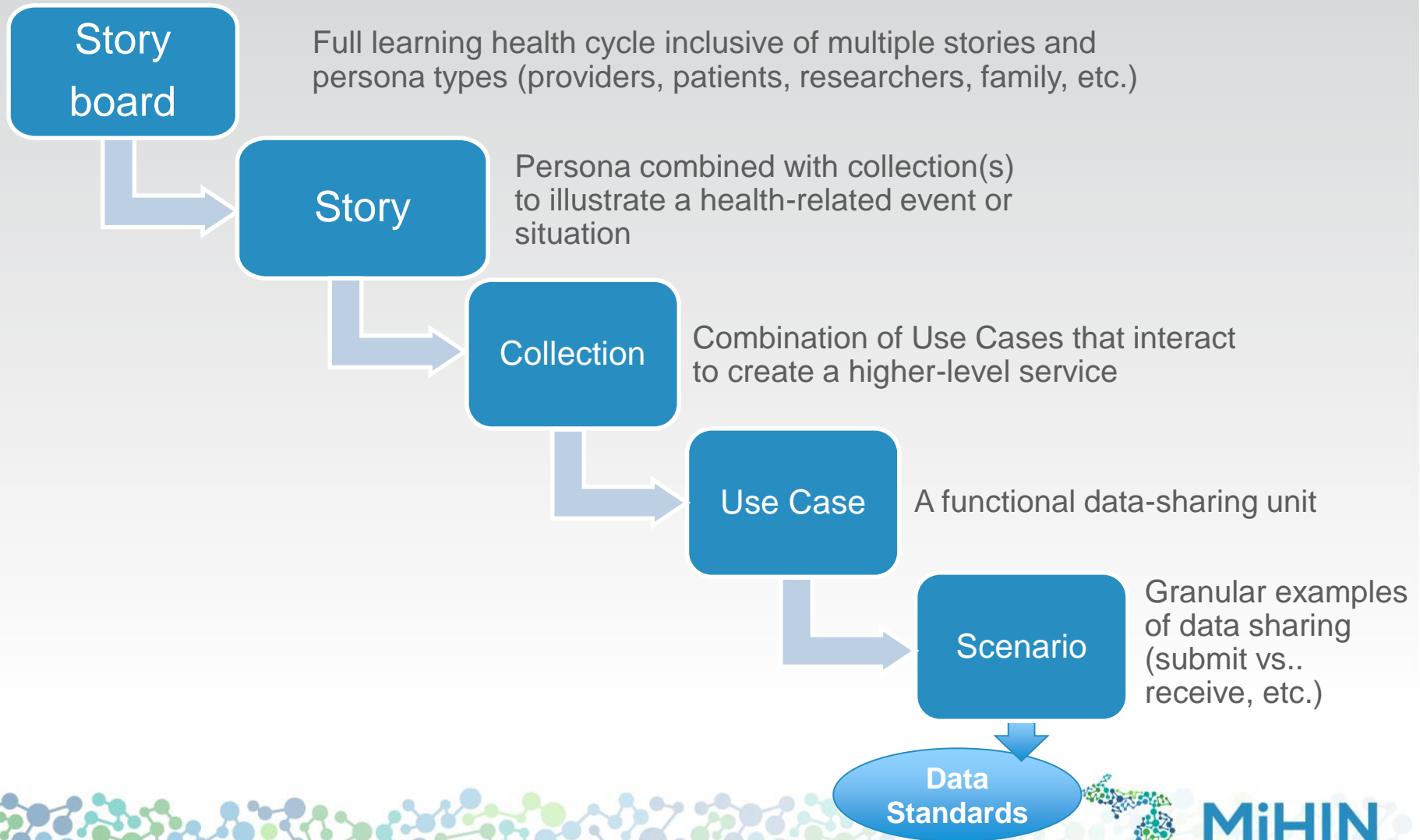


Use Case Agreement - legal document covering expected rules of engagement (Trusted Data Sharing Organizations sign Use Case Agreements)



Use Case Implementation Guide - technical specification that outlines standard format details for data transmission & content

Use Case Factory Hierarchy



Tricia Franklin



27-years old and newly pregnant



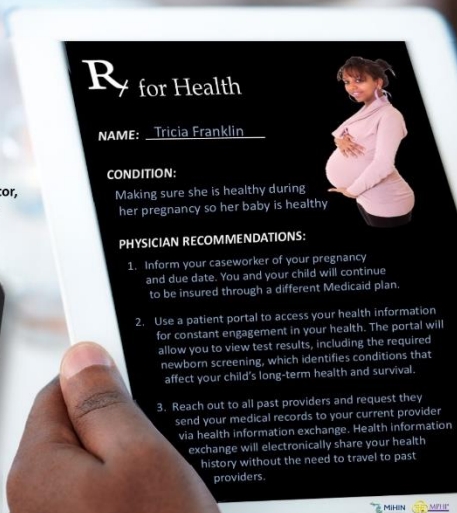
Covered by the Healthy Michigan Plan



Has moved several times across the state



Does not frequently visit the doctor, but wants to be more engaged in her health due to her pregnancy



Jessica Campbell



35-year old stay-at-home mom of twin preschool girls



Learning how to care for Nicole's autism



Primary caregiver for her epileptic mother, Viola



Actively seeking new employment



Joan & Billy Chen



28-year old stay-at-home mom of her deaf 2-year old son, Billy



Visits numerous specialists regarding Billy's condition

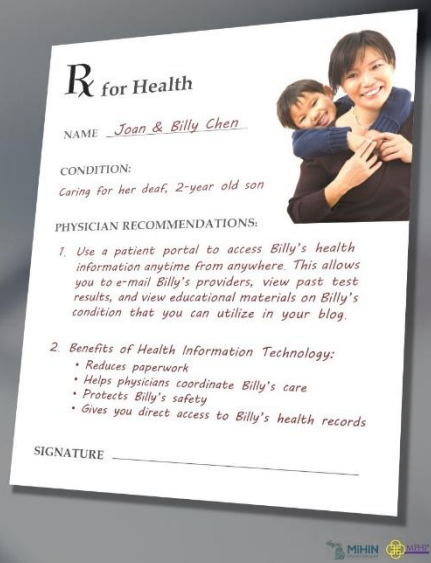


Has Billy's medical files on paper to take to any doctor



Writes a blog about being the parent of a deaf child

MY GOALS:



Jerry Goodwall



79-year old from Belleville who recently suffered a stroke



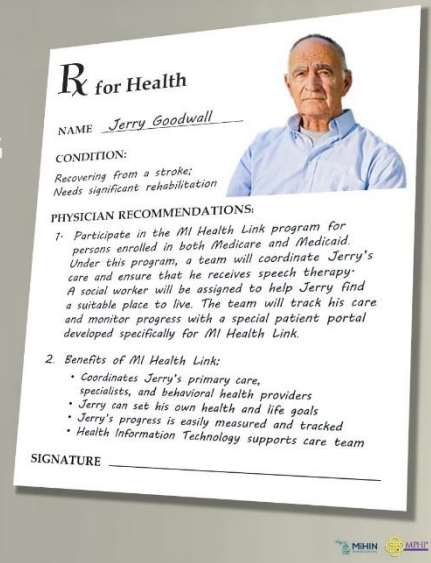
Needs to relearn many basic skills, including talking & getting dressed



No longer able to live alone



Receives benefits from both Medicaid & Medicare



Accelerating Use Cases

Clinical
Endorsement &
Evidence



Financial
Incentives or
Disincentives



Policy &
Regulatory
Levers



Use
Case



Scarcity vs. Abundance



- Energy goes into finding data
- Minimal thought on editing & data integrity
- Strategy for going without info

Abundance



- Energy goes into prioritizing what you want
- Lots of thought about quality & editing
- Strategy for effective use

Critical Infrastructure Components

**Patient
Provider
Attribution
Service (ACRS)**

**Patient Consent
Preferences**

**Federated
Identity
Management
(FiDM)**

**Gateway
Services
(e.g. XCA)**

**Master Person Index
+
Common Key Service**

**Identity
Management**

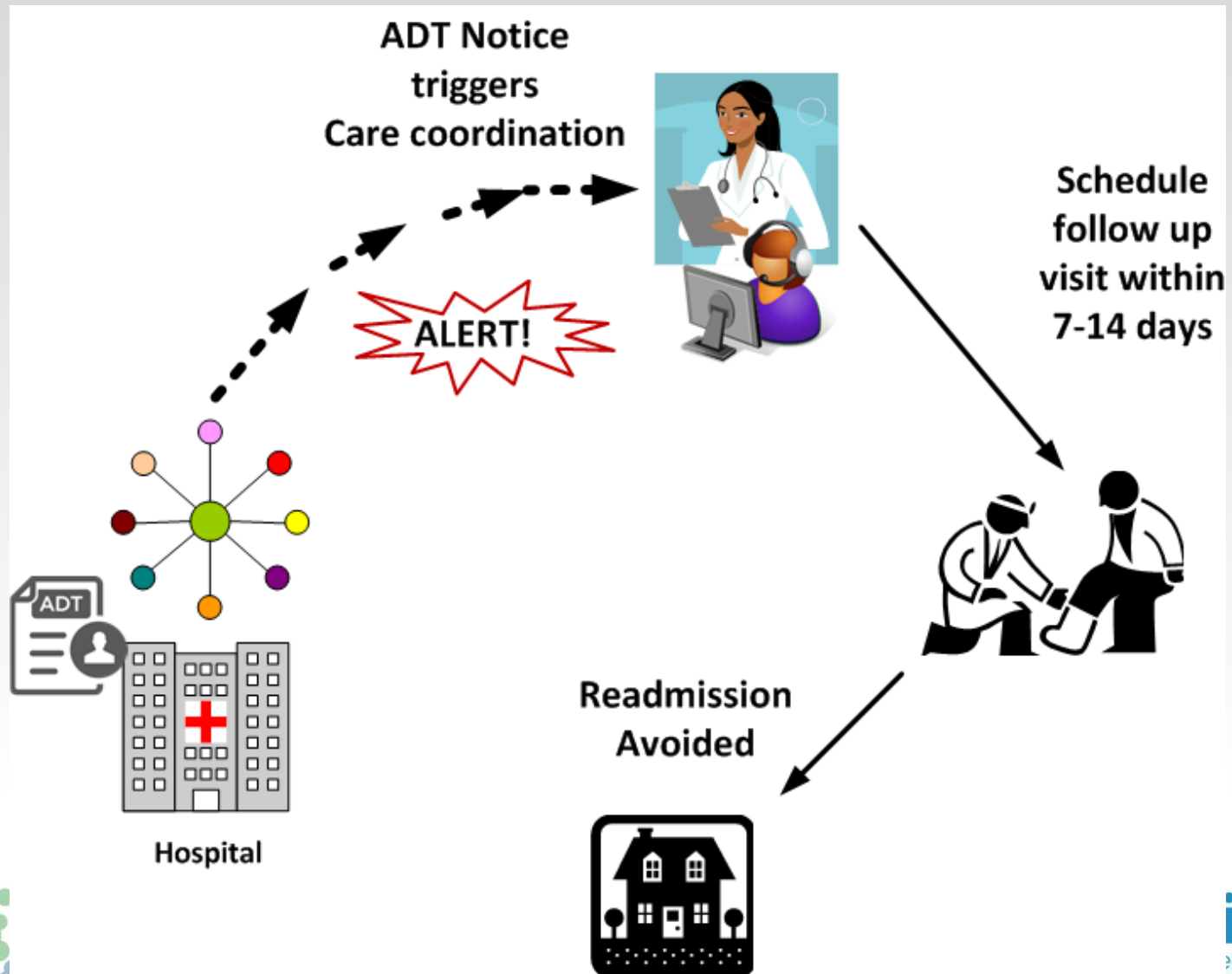
**Health
Provider
Directory**

**Secure Transport Layer Services and
Digital Credentials**

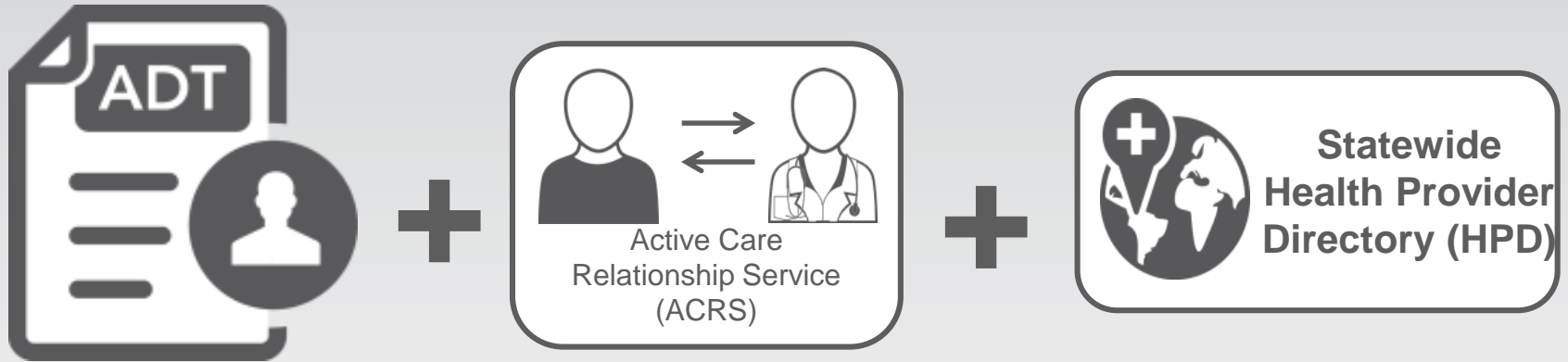


Admit Discharge & Transfer (ADT)

Use Case



Statewide ADT Use Case Example



**“Use Case Collection:
Statewide ADT
Notification Service”**

Statewide Health Provider Directory

- Contains Electronic Service Information (ESI) used to route information to providers
- Flexibility to maintain multiple distribution points for single provider or single distribution for organization
- Manages organizations, providers and the multiple relationships between them

Organization: Windward General Hospital ~ MIHIN HPD Portal

mihin.secure.force.com/customer/001F000000qOicb

Edition iGoogle HPD Portal HPD Administrator Organization... HPD Portal

Organization Specialties

[New Organization Specialty](#)

Action	Specialty Name	As of Date	Expiration Date	Description
Edit Del	Diabetes	1/1/2013		Diabetes
Edit Del	Diabetes Educator	1/1/2013		Definition to come...
Edit Del	Surgery	4/1/2013		A general surgeon has expertise related to the diagnosis - preoperative, operative and postoperative management - and management of complications of surgical conditions in the following areas: alimentary tract; abdomen; breast, skin and soft tissue; endo...

Organization Services

[New Organization Service](#)

Action	Organization Service: Name	Type	Protocol	Payload	Address	TOC Destination?	Preferred Types
Edit Del	OS-0001	Direct	SMTP	CCD*PDF	main@direct.windward.com		
Edit Del	OS-0002	EHR Repository	LLP	HL-7	data.windward.com:22356	✓	A01; A02; A03; A04; A06; A07; A13; A14; A21; A22; A23; A25; A26; A27; A28; A29; A31; A32; CCD; REF

Providers

[New Provider](#)

Action	Contact Name	Contact Record Type	NPI	DIRECT Email	Email	Phone	Specialties	Gender	Languages
Edit	Barbara Watkins	Provider		barbara.watkins@direct.windward.com				Female	English; Spanish
Edit	Cindy Gingrich	Provider			gingrich@mihin.org	(415) 298-0023		Female	English
Edit	Dan Weikart	Provider			weikart@mihin.org	(415) 298-0023		Male	English
Edit	George Duong	Provider		george.duong@direct.windward.com				Male	English; Malayalam
Edit	Jeff (Org Admin1) Eastman	Provider		jeff.eastman@direct.mihin.org	jeastman@windwardsolutions.com				

[Show 5 more »](#) | [Go to list \(12\) »](#)

Affiliated Providers

[New Affiliation](#)

Action	Affiliation ID	Provider	Type	Start Date	End Date
Edit Del	AF-1000	Geoffrey Ford	Practices In		
Edit Del	AF-1003	Richard Eastman	Practices In	1/1/2013	
Edit Del	AF-1008	Jeff (Provider) Eastman	Employed By	1/14/2013	1/18/2013
Edit Del	AF-101247	Judy Francis	Has Admitting Privileges In		

Care Teams

[New Care Team](#)

Action	Care Team Name	Electronic Service URI
--------	----------------	------------------------



Active Care Relationship Service TM



Patient Information

Source Patient ID

First Name

Middle Initial

Last Name

Suffix

Date of Birth

Gender

SSN – Last 4 digits

Address 1 & Address 2

City, State, Zip

Home & Mobile Phones



Physician Information

NPI

First Name

Last Name

Practice Unit ID

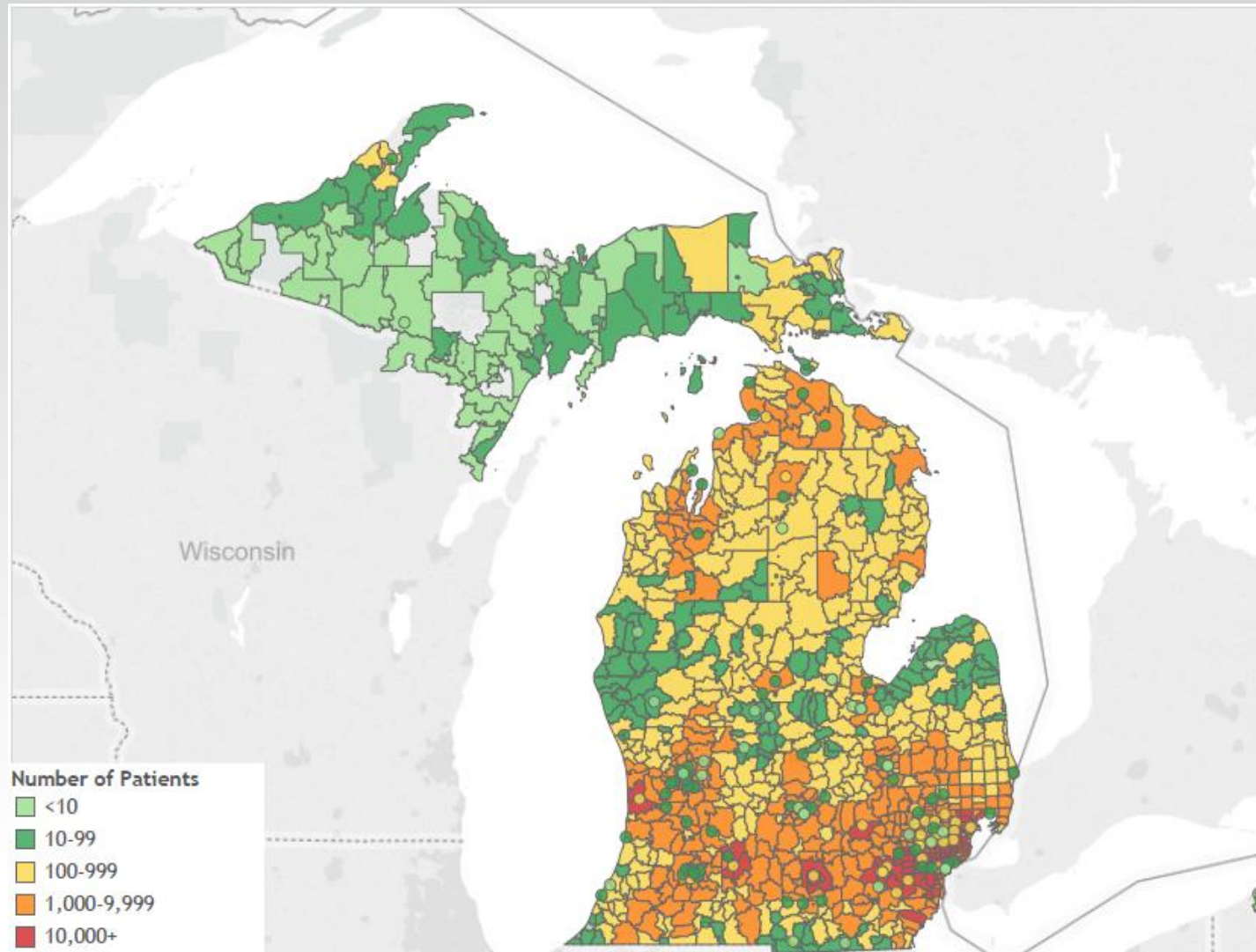
Practice Unit Name

Physician Organization ID

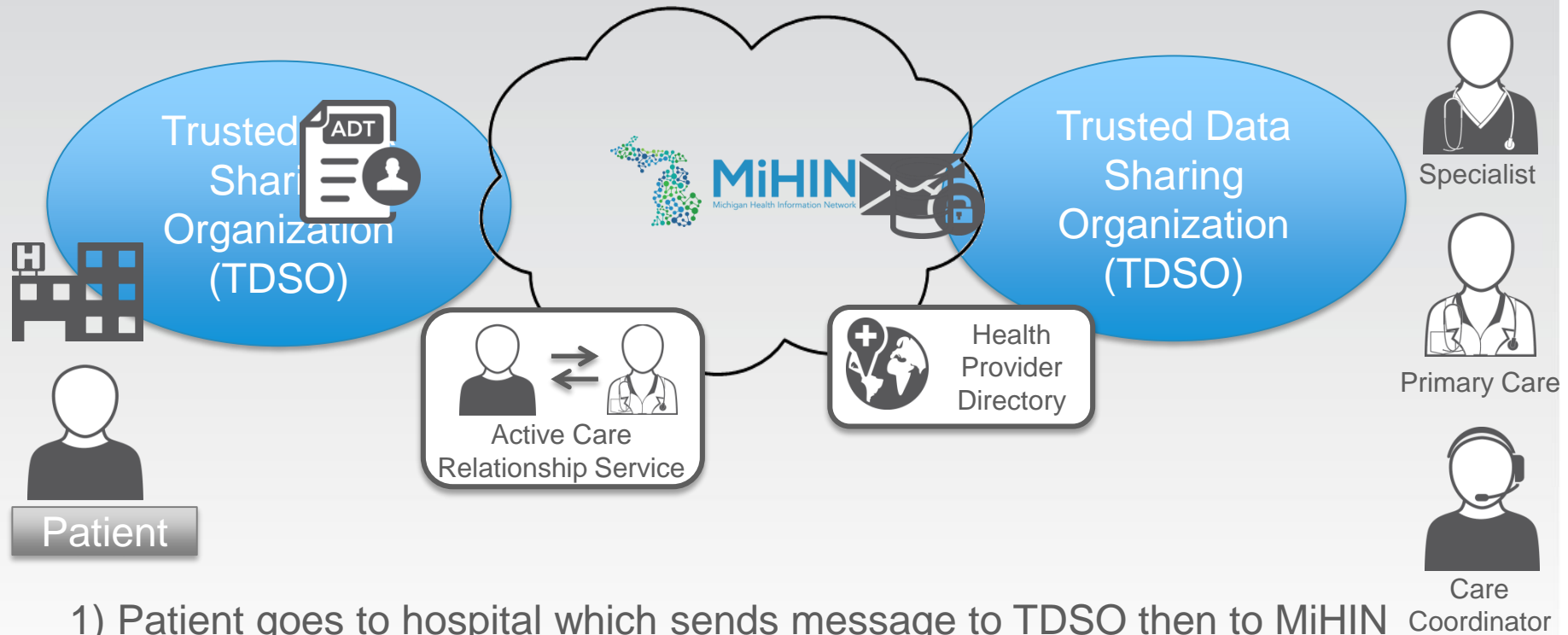
Physician Org Name



+6 Million Active Care Relationships

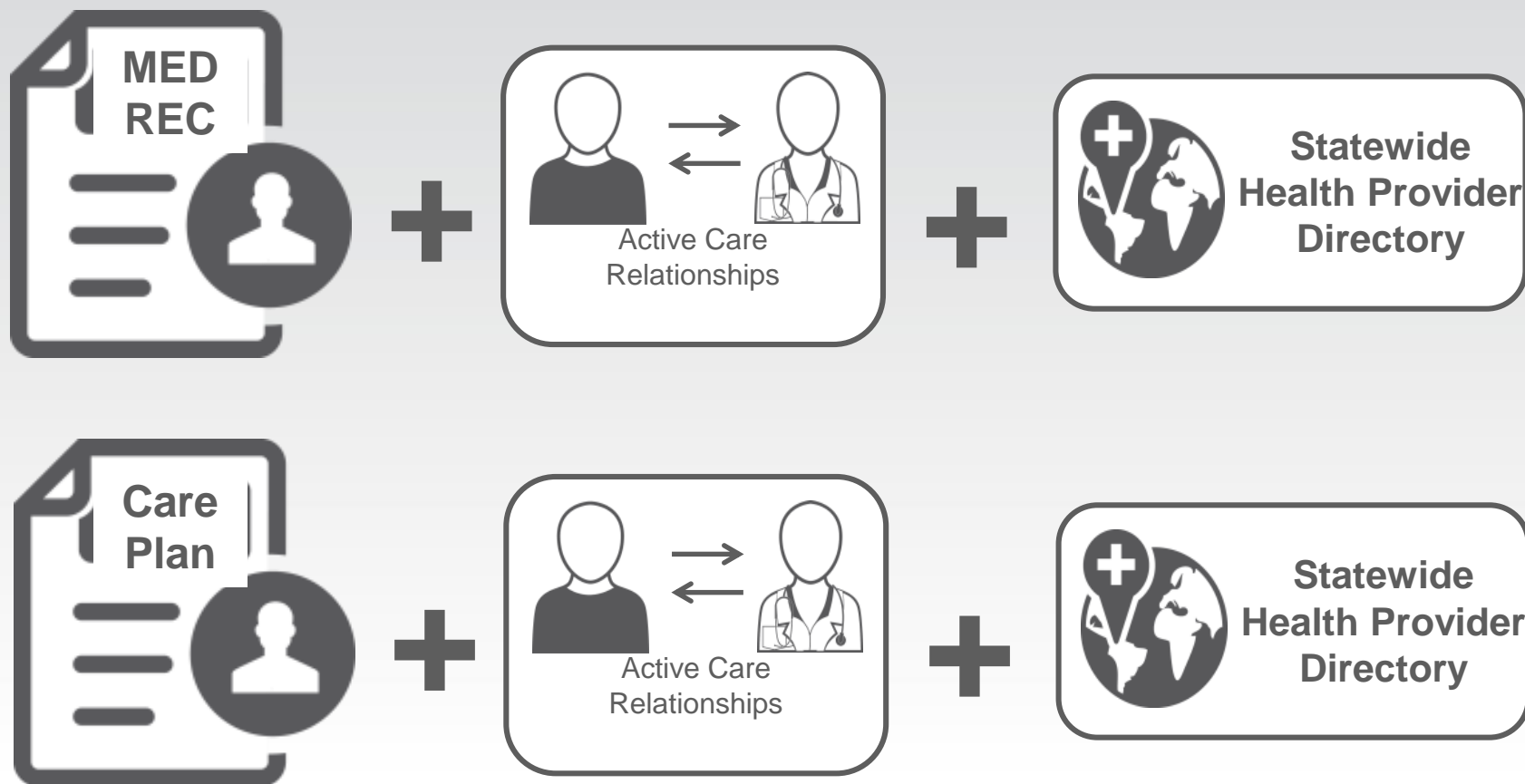


ADT Example – Current Workflow

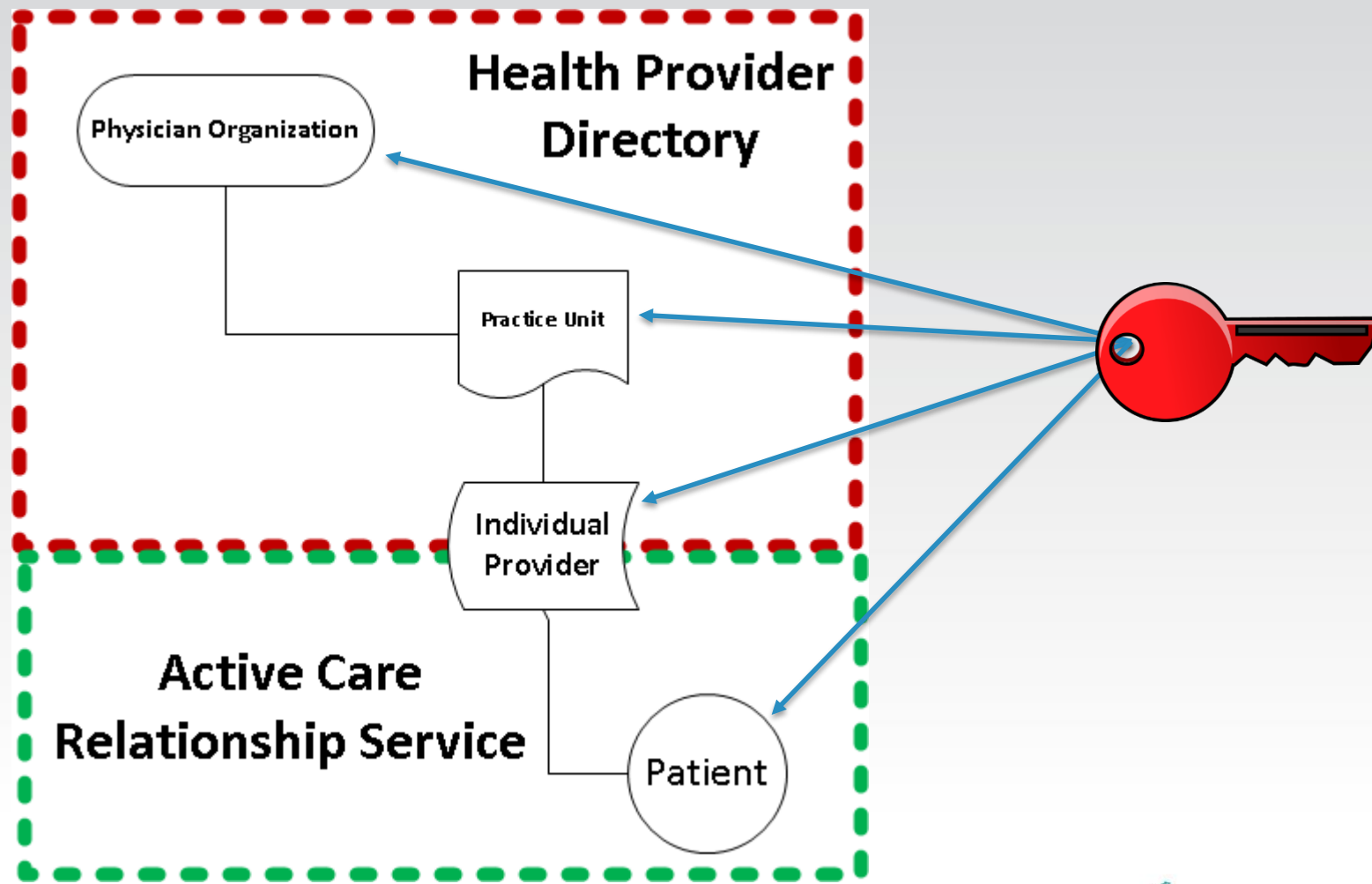


- 1) Patient goes to hospital which sends message to TDSO then to MiHIN
- 2) MiHIN checks patient-provider attribution and identifies providers
- 3) MiHIN retrieves contact and delivery preference for each provider from HPD
- 4) Notifications routed to providers based on electronic address and preferences

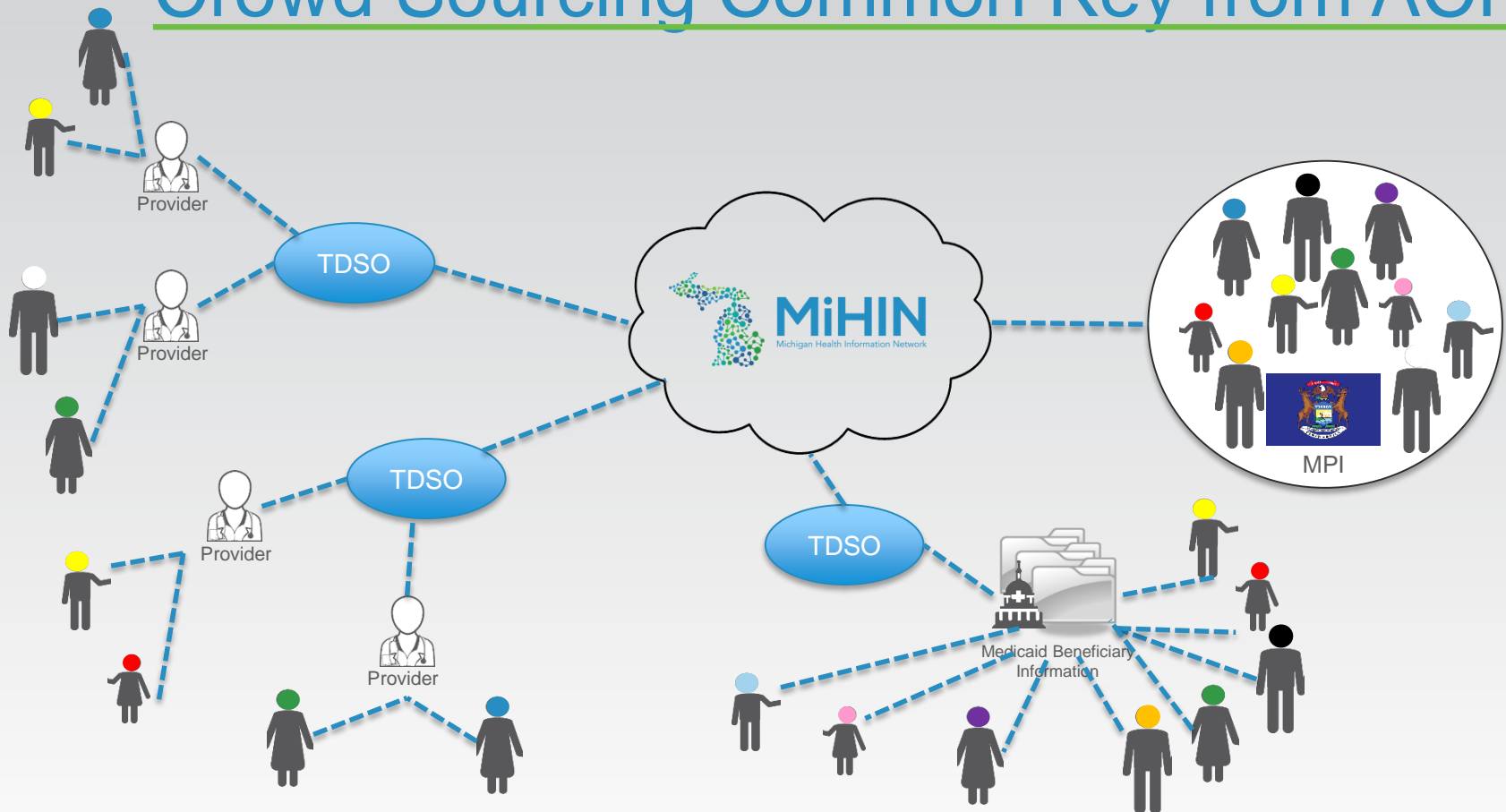
New Statewide Use Cases



HPD & ACRS to Common Key

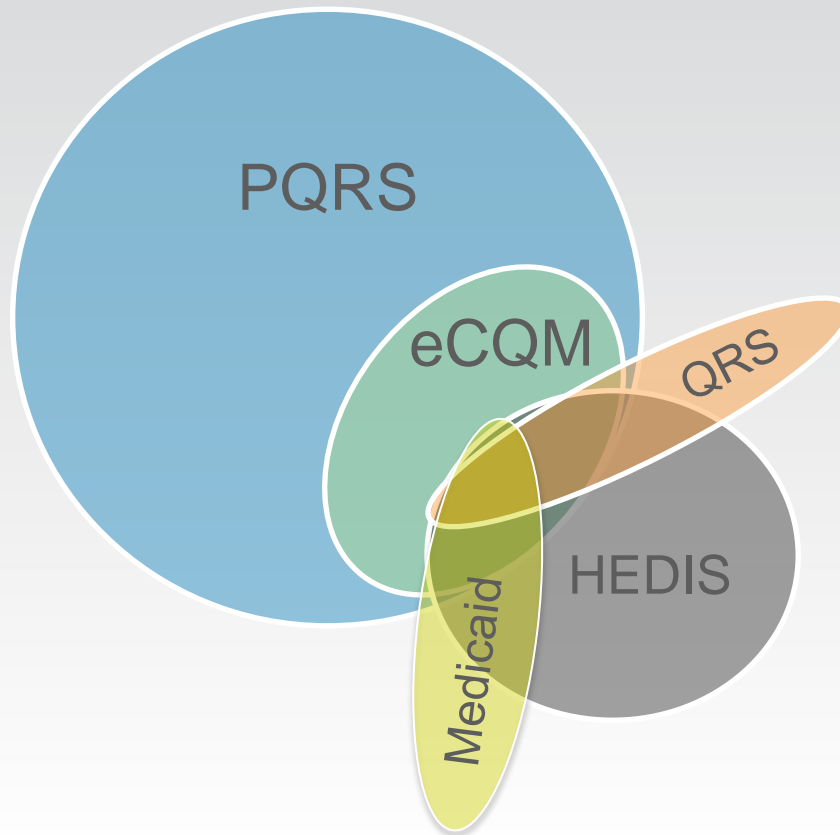


Crowd Sourcing Common Key from ACRS



- 1) Patients are added to Common Key as Providers submit Active Care Relationships
- 2) The same patients may be attributed to multiple Providers but are linked
- 3) The same patients may also be a Medicaid beneficiary
- 4) A similar opportunity exists for data clean up for other plan enrollment files

Alignment of Quality Measures



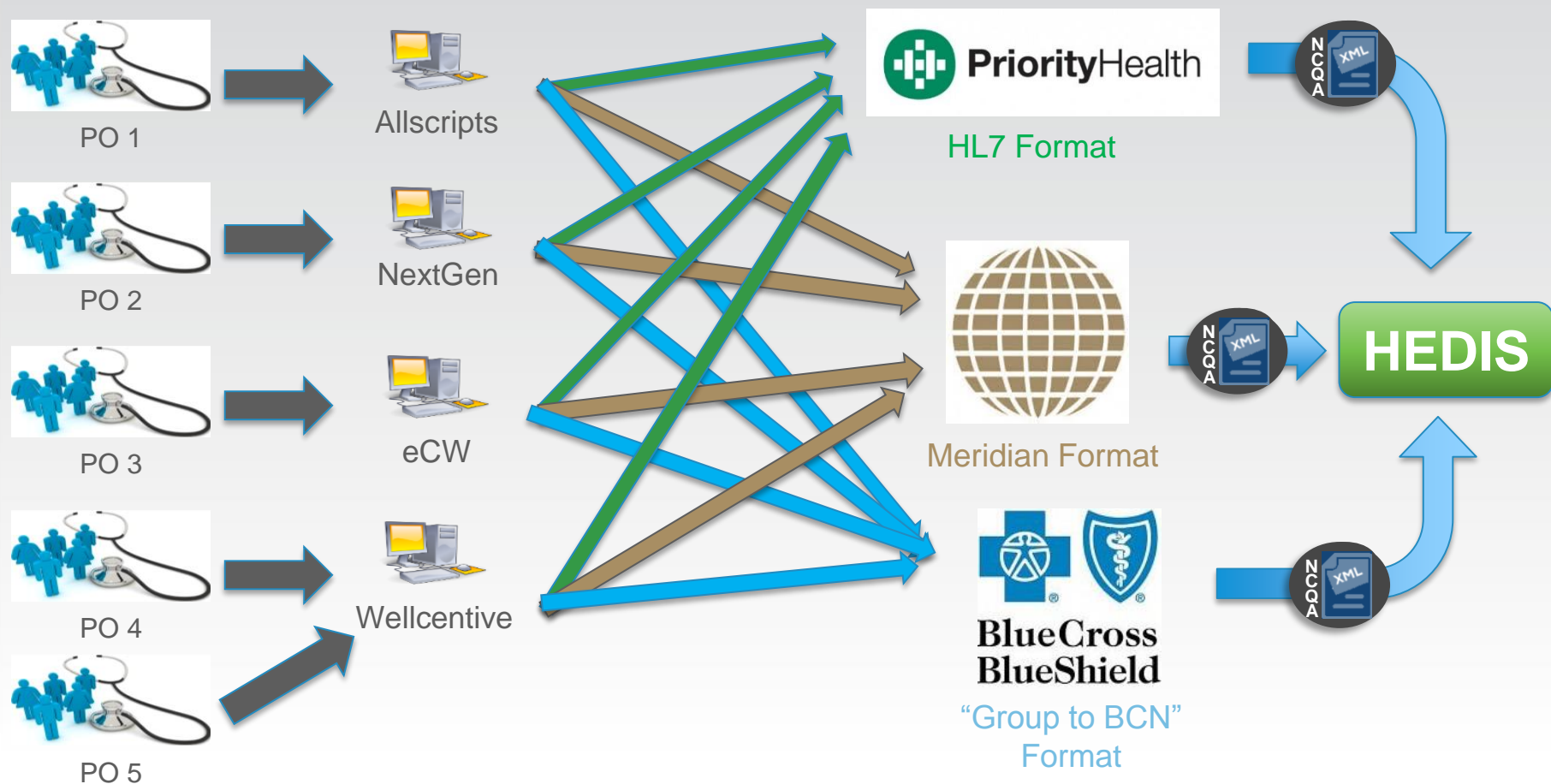
Set	# of Measures
PQRS	254
EP eCQM	64
Medicaid Core Sets	45
HEDIS	78
QRS	43
Overlap	9

Clinical Quality Measurement

- Meaningful Use (MU) Stage 2 requires Medicaid providers to report electronic Clinical Quality Measurements (eCQMs) from a certified EHR
 - CAT-I reports assess individual patient encounters
 - CAT-III reports assess organization efficiency & enable cross-clinic comparisons
- With the certified EHR capabilities for eCQMs, there is an opportunity to reduce provider burdens around quality measures



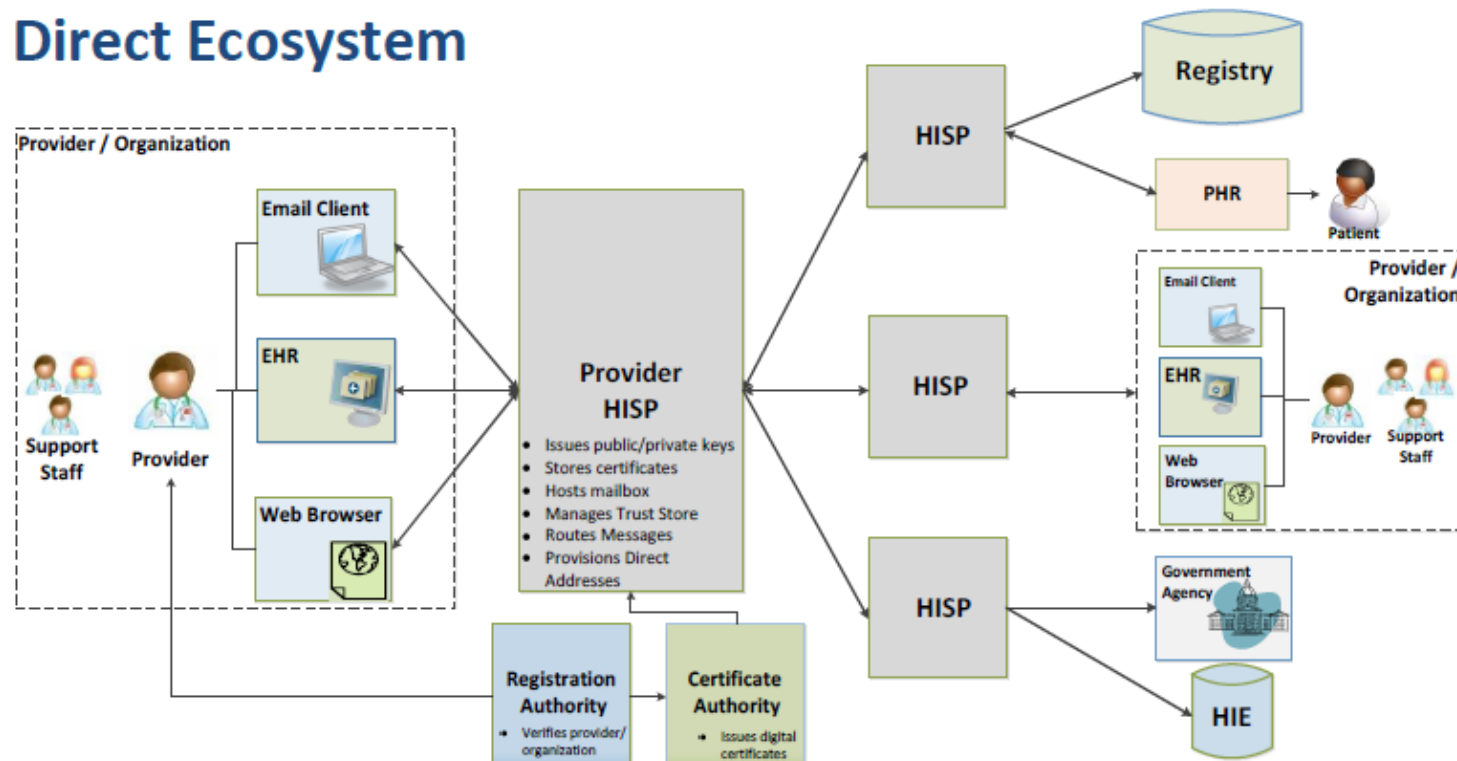
Current State of Supplemental Data Transfer



The Role of DIRECT & EHRs

The Office of the National Coordinator for
Health Information Technology

Direct Ecosystem



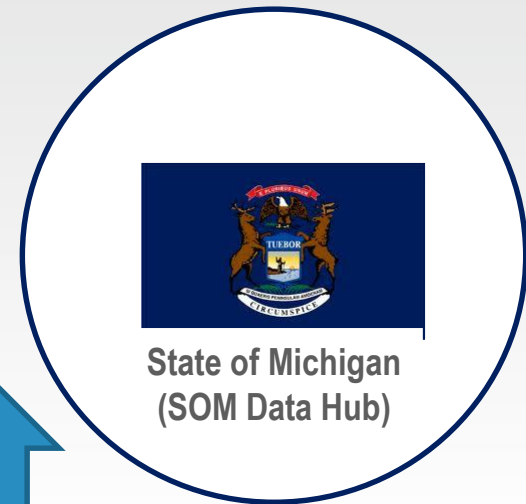
Public Health Use Case: Vaccinations Using DIRECT



VACCINATIONS



mcir@direct.mihin.org



No Change
Required!

Benefits of Utilizing MIDIGATE®

- MIDIGATE provides a low-cost way to drastically improve data collection from providers
- Data arrives:
 - **Faster** – transfer is electronic and instant
 - **More complete** – all pertinent records are pulled
 - **Automatically** – no need to send formal requests
 - **Formatted** – customized structure needed for processing
- Reduces data-collection burden for providers, physicians
- Saves tremendously on labor costs from data collection efforts



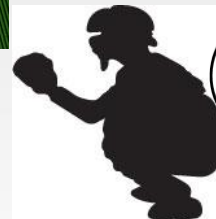
MIDIGATE® “Catcher” Modules



Doctor offices &
Community
Hospitals



immunizations@direct.mihin.org



Catcher
Module

MiDIGATE
Handler ‘peels’ off
attachments



Base Gateway
Service



Type of “catchers”



adts@direct.mihin.org



meds@direct.mihin.org



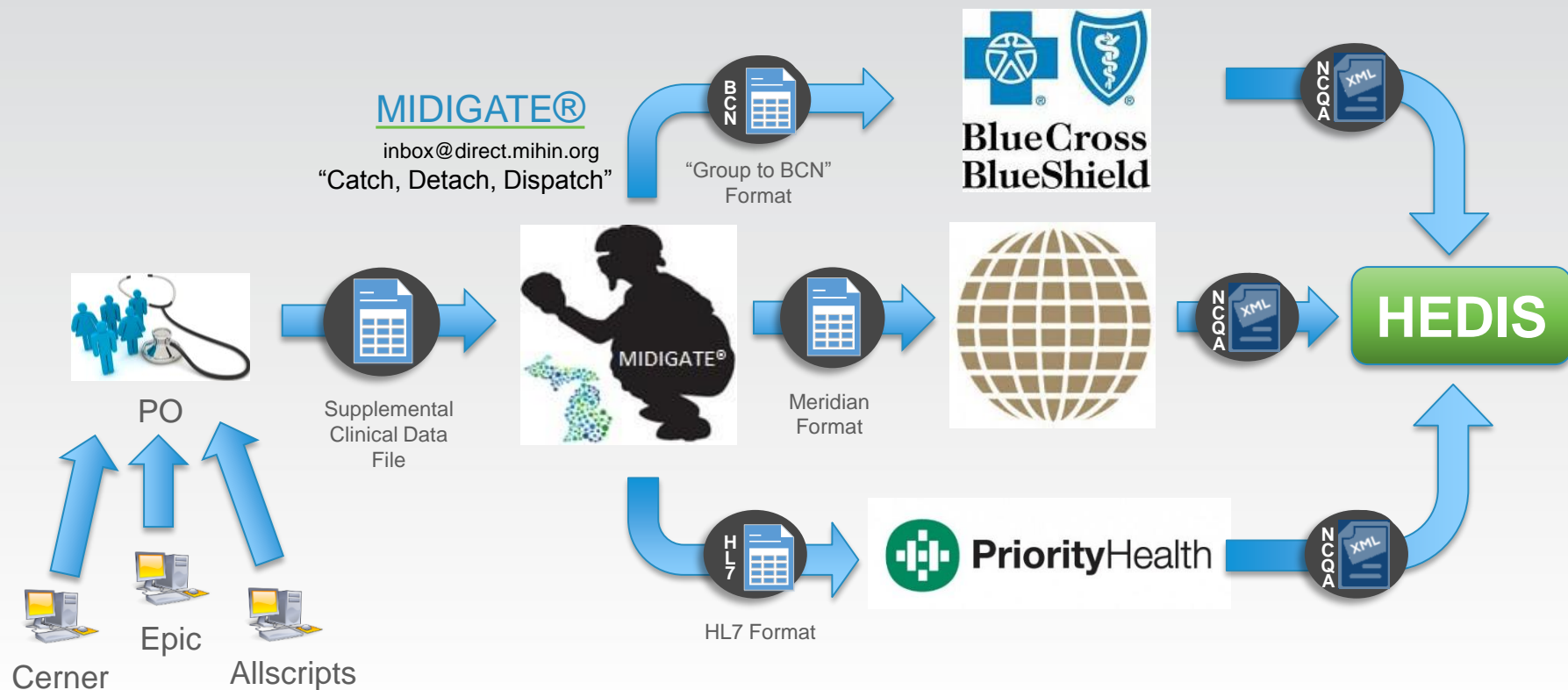
eCQMs@direct.mihin.org



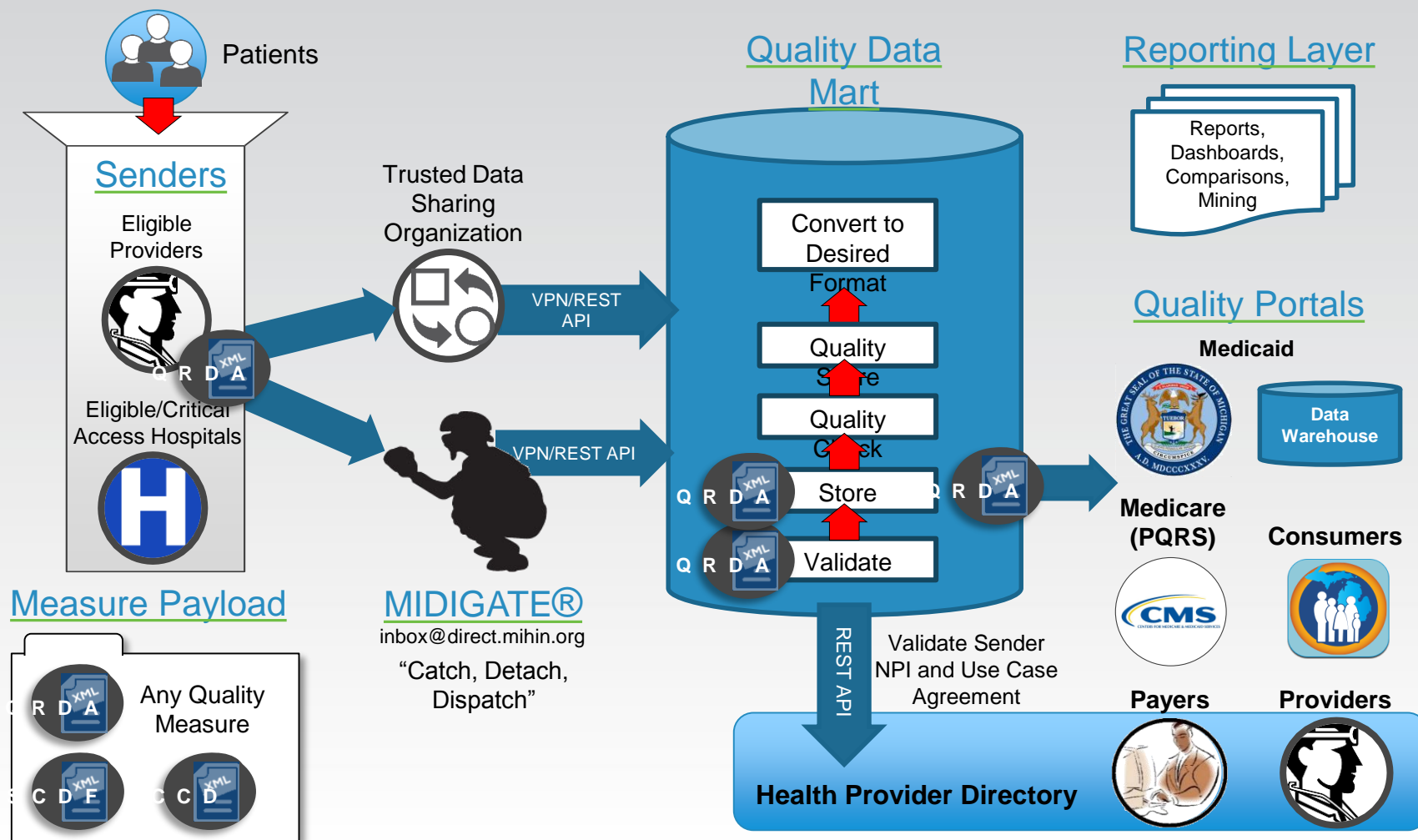
immunizations@direct.mihin.org



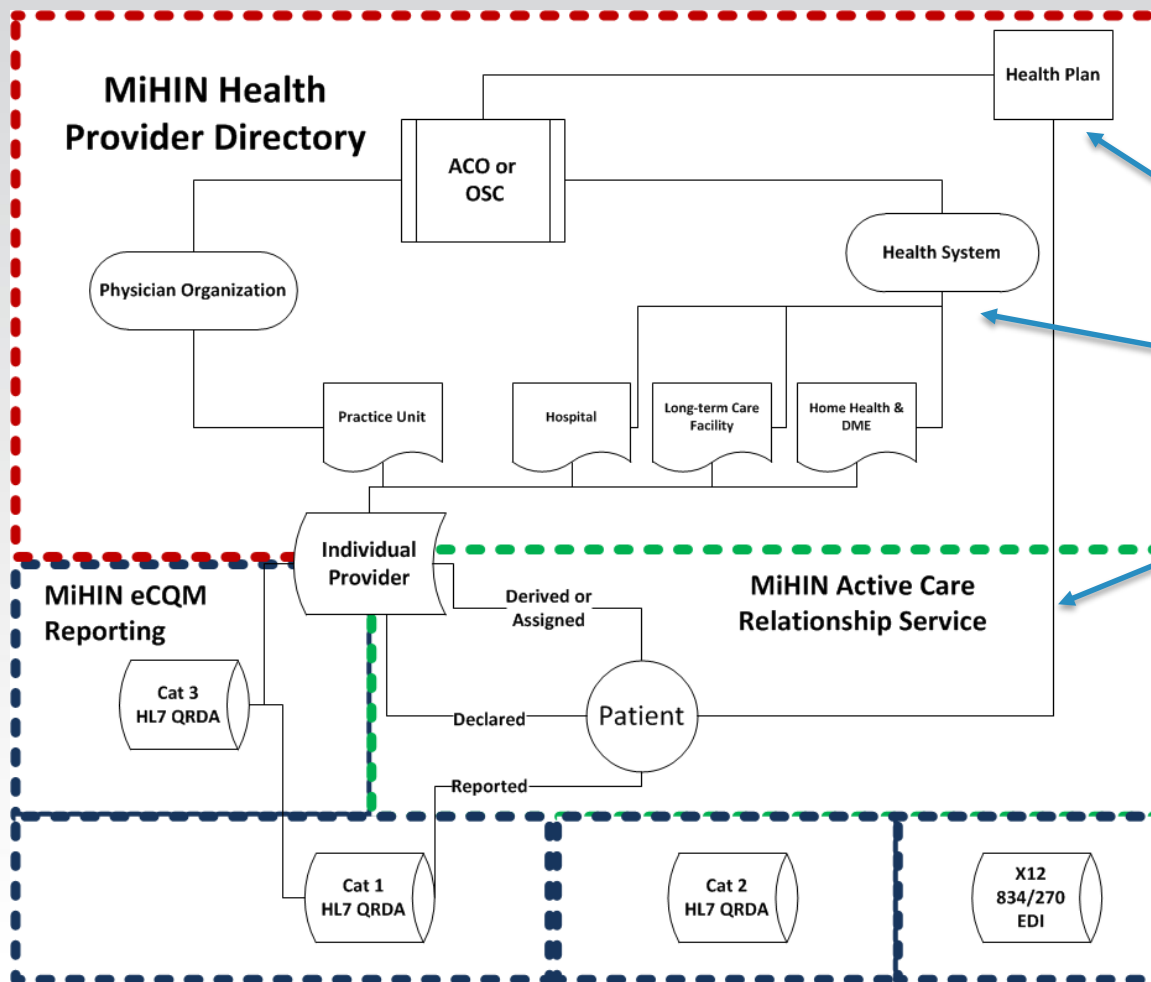
Simplifying Quality Data Collection



Streamlined Report Once Opportunity



Full Integration Opportunity



New Planning Areas 2016-17

Planning (MiHIN Convening Role)

1. Medication Management
 - a. Michigan Automated Prescription System (MAPS) Consent Management
 - b. Prescription discontinuation
2. Coordinating Care Coordination
 - a. Registering Care Coordinators & establishing them in ACRS
 - b. Care plan standardization
3. Quality Reporting
 - a. eCQM's
 - b. Gaps in care across payers
4. Consent management
 - a. Standardization
 - b. Viewing of Active Care Relationships
5. Statewide Consumer Services
 - a. Sharing & support for Health Michigan HRA
 - b. Peace of Mind Registry



Activities On the Horizon

Organizations

- The Sequoia Project
 - Carequality
 - eHealth Exchange
- CommonWell Health Alliance
- National Association for Trusted Exchange (NATE)
- Workgroup for Electronic Data Interchange (WEDI)

Important Technologies

- Old fashioned HL7 2.x
- Direct Secure Messaging
- HL7 Consolidated Clinical Document Architecture (C-CDA) & NwHIN IHE XCA profile
- HL7 work in Fast Healthcare Interoperability Resources (FHIR)



Questions?

Thank you

Tim Pletcher, DHA
Executive Director

Michigan Health Information Network Shared Services

pletcher@mihin.org



HITC Next Steps

- HIT Commission Considerations
 - Support the utilization of the Active Care Relationship Service (ACRS) and Common Key statewide service as a means to achieve MDHHS policy goals.
 - Encourage Michigan healthcare stakeholders to adopt Active Care Relationship Service (ACRS), Common Key statewide service, and utilize the Statewide Health Provider Directory (HPD).
- Fourth Quarter Availability

Public Comment

Adjourn